

# Well Dog Evaluation

Through the Pet Friends program, this evaluation is to be current and updated yearly for the dog's file. Please ensure that each section of this form is filled out in its entirety.

Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dog: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

History	Date Given	Expiration Date
Check Up (Annual)		
Rabies (3 year)		
Distemper (3 year)		
Parvovirus (3 year)		
Leptospirosis (4Serovar) (Annual)		

Fecal Exam	Date Tested:	Positive	Negative	Due Date:
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Mandatory Heartworm	Date Tested:	Positive	Negative	Due Date:
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Are there any concerns regarding significant health changes in the dog (e.g. mobility, vision, etc.)?

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Is the dog free from communicable diseases?

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Signature of Licensed Veterinarian: \_\_\_\_\_

Name and Contact information of Veterinary Office/Hospital:

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Pet Friends Volunteer,

As a reminder, per Pet Therapy Policy, dogs must be treated for fleas and ticks year-round. Please sign below to confirm agreement. Dogs are also required to wear their rabies vaccination and license tags. If your dog is enrolled in a program (TDI, etc.) please also submit that paperwork with this documentation. TDI paperwork does not replace the need for this form to be filled out. Please direct questions regarding this paperwork to Angie Gordon at [angela.gordon5@chp.edu](mailto:angela.gordon5@chp.edu). Thank you!

I agree to treat my dog year-round for flea and tick prevention and to have them wear their rabies vaccination and license tags:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Volunteer: Please sign and date*