

VACCINATIONS/PARASITE CONTROL:

Dog:

DHLPP or DALPP:	Date administered:_____	Date Expires:_____
Rabies:	Date administered:_____	Date Expires:_____
Fecal:	Date of last fecal: _____	Negative ____ Positive ____
Heartworm/ Parasite Control:	(indicate what is used)_____	
Bordetella:	Date administered: _____	Date Expires: _____

Cat:

FVRCP	Date administered:_____	Date Expires:_____
FeLV Test:	Date:_____	
Fecal:	Date of last fecal: _____	Negative ____ Positive ____
Rabies:	Date administered:_____	Date Expires:_____

Describe any severe aggressive or overt anxiety-ridden responses while handling/examining this animal and indicate whether or not animal requires muzzling:_____

Conceptually, would you be comfortable with this animal visiting your own frail family member in a nursing home or hospital, or interacting with children in a supervised setting?_____

OVERALL IMPRESSION: (Check all that apply)

- _____ Gentle, easily handled
- _____ Responsive, reacts to involvement, interacts readily with staff
- _____ Willing to be handled, readily accepts body contact
- _____ Other: _____

Comments: _____

Veterinarian: _____
Signature Date

Name of Facility:_____ Phone:_____