

Volunteer Pet Health Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | (Please print clearly) |  |  |
|  |  |  |  |  |

Owner Last Name First Name Day Phone

Address Evening Phone

City State Zip Animal Name

Email address

Predominant Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Colors of Animal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Species** | **Sex** | **Age** | **Size** |
|  Dog | MaleFemaleNeutered? | 12 mo. or over | Under 20 lbs.20-50 lbs.50 lbs. or over |
|   Cat Other (specify) |
|   |

**Below for Veterinary Use Only**

At the time the animal was examined on , it appeared to be free of contagious diseases and parasites. The

result of the fecal examination was . If positive, treated with

.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CANINE** | Date Vaccinated | Expires | **FELINE** | Date Vaccinated | Expires |
| Rabies |  |  | Rabies |  |  |
| Distemper |  |  |  |  |  |
| Fecal |  |  |  |  |  |

* **All vaccines must be current and the fecal exam must be negative to become a WFH member. Your pet must have been seen by your vet within six (6) months of your WFH evaluation.**

Comments:

Veterinarian’s Signature Date Md License # Phone