

# Wags for HOPE

Sharing Our Pets for the Benefit of Others

## Volunteer Pet Health Form

EMAIL Completed form to michelle@wagsforhope.org or

Mail to: Michelle Trite  
506 Waterdale Drive  
Waynesboro, Pa. 17268

(Please print clearly)

Owner Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Evening Phone \_\_\_\_\_

Animal Name \_\_\_\_\_ Email address \_\_\_\_\_

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

Species	Sex	Age	Size
<input type="checkbox"/> Dog	<input type="checkbox"/> Male	<input type="checkbox"/> 2 mo. or over	<input type="checkbox"/> Under 20 lbs.
<input type="checkbox"/> Cat	<input type="checkbox"/> Female		<input type="checkbox"/> 20-50 lbs.
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Neutered?		<input type="checkbox"/> 50 lbs. or over

**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.

Veterinarian's Signature \_\_\_\_\_ Phone: \_\_\_\_\_ Date \_\_\_\_\_ Md License # \_\_\_\_\_

Comments: \_\_\_\_\_