



"Spreading happiness one dog at a time."

2292 Hilly Ridge Rd., Brussels, Wisconsin 54204 * 920.495.2434 * TherapyDogsDC@yahoo.com

Annual Dog Health Form

Member Name: _____

Phone: _____ Email: _____

Dog's Name: _____ Breed: _____

Veterinarian Name: _____

Veterinarian Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Veterinarian or Vet Clinic Staff Completion of this Section

Date annual wellness exam was completed (within the past 12 months) _____

Date current **negative** fecal exam was completed (within the past 12 months) _____

Date current rabies vaccination was given _____ 1 Year _____ 3 Year _____

Or Date of Rabies titer _____ titer level _____
(must be within the last 2 years and greater than or equal 0.5 IU to be accepted)

The dog listed on this form has been examined in this clinic, and it is believed that this dog is healthy and free of internal and external parasites on the date listed above.

Required Veterinarian Signature/Clinic Stamp

Date Signed