



DOGS WITH A PURPOSE, LLC
Dogswithapurpose.com 919-810-1247
Email form to: Dogswithapurpose@gmail.com

Owner: _____ Dog: _____

Breed: _____ SEX: M F MN FS

Approximate Age _____ Confirm microchip in place: Y N

*Please complete this form in its entirety. Your signature will confirm that all procedures were performed.

EXAMS

Date of last check up: ___/___/_____ (Check-up by a Licensed Veterinarian once per year)

Fecal Exam : ___/___/_____ Positive ___ NPS_____ (Must be performed annually)

Heartworm Test: ___/___/_____ Positive ___ Negative ___

Is this dog on continuous heartworm preventative medication? Yes ___ No ___

Dogs on continued heartworm medication must be tested every 2 years
Dogs which are not on heartworm medication must test annually

VACCINATIONS

RABIES Date Given ___/___/_____ Expires ___/___/_____

DHPP or DHPPL Date Given ___/___/_____ Expires ___/___/_____

VETERINARIAN STATEMENT

As this dog's Veterinarian, I affirm that the information stated in this form is a truthful account of this dog's veterinary record. I hereby certify that I have examined the dog named above and find this dog physically and mentally healthy and free of contagious diseases.

SIGNATURE OF LICENSED VETERINARIAN DATE

VETERINARIAN CONTACT INFO

(clinic name, address & phone)