



**DOGS WITH A PURPOSE, LLC**  
Dogswithapurpose.com 919-810-1247  
Email form to: [Dogswithapurpose@gmail.com](mailto:Dogswithapurpose@gmail.com)

Owner: \_\_\_\_\_ Dog: \_\_\_\_\_  
Breed: \_\_\_\_\_ SEX: M F MN FS

\*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)