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## Alzheimer's Family Day Center Pet Therapy Volunteers Annual Health Records Requirements

Dog Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Responsible Party: \_\_\_\_\_

### Vaccination Record:

a) Mandatory Rabies (1 OR 3 Year) Date: \_\_\_\_\_ Initials: \_\_\_\_\_

b) Distemper Date: \_\_\_\_\_ Initials: \_\_\_\_\_

c) Hepatitis Date: \_\_\_\_\_ Initials: \_\_\_\_\_

d) Parvovirus Date: \_\_\_\_\_ Initials: \_\_\_\_\_

e) Leptospirosis and Parainfluenza (at discretion of your veterinarian) Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**Note:** One, two and three year vaccinations are acceptable for Rabies, Distemper, Hepatitis, and Parvovirus. ***Rabies vaccination is mandatory and must be given by a licensed Veterinarian.***

f) Annual Check-up attested to by your Veterinarian with the statement that the dog is physically and mentally healthy and free of contagious disease.

### Veterinarian Statement:

I certify that \_\_\_\_\_ has had a check-up within the last year and is physically/mentally healthy and free of contagious disease.

Veterinarian Name: \_\_\_\_\_

Veterinarian Signature: \_\_\_\_\_ Date: \_\_\_\_\_