

Pacific Assistance Dogs

9048 Stormont Avenue, Burnaby, BC, V3N 3G6
telephone 604-527-0556 fax 604-527-0558
WEBSITE: www.pads.ca E-MAIL: info@pads.ca
Federal Charity No. 89225 2347 RR 0001



PADS PACIFIC
ASSISTANCE
DOGS

CANINE VETERINARY HEALTH EXAMINATION FORM

PUPPY-RAISER'S NAME: _____

CANINE NAME: _____ DATE: _____

HOSPITAL _____

ADDRESS: _____

CITY/PROV/CODE: _____

PHONE: _____ FAX: _____

REASON FOR VISIT: _____

TEST(S) ORDERED: _____

TREATMENT/MEDICATION DISPENSED: _____

FOLLOW UP VISIT REQUIRED: YES / NO DATE/TIME: _____

CURRENT WEIGHT _____ IDEAL WEIGHT: _____

DHLPP DATE: _____ RABIES DATE: _____

BORDETELLA DATE: _____ STOOL SPECIMEN: _____

EYES: _____ EARS: _____

TEETH: _____ SKIN: _____

VET: _____ SIGNED: _____

Please attach any additional information/reports/vaccination certificates