



VETERINARY EXAM FORM

Please take this form to your veterinarian for your dog's physical examination and complete fecal test

INSTRUCTIONS

This form must be completed and signed by a licensed veterinarian and returned to Doggy Haven Resort by mail, fax or in person. For the protection of all of our guests, failure to supply this information will be cause for cancellation of your dog's visit and/or boarding with Doggy Haven Resort.

IMPORTANT: For new guests, a **fecal test** and **veterinary exam** for your dog must be completed **within 2 weeks** of their first visit to Doggy Haven Resort - **no sooner**.

Dog's Name _____ Date of Birth _____ M F
 Breed _____ Spayed/Neutered? Y N Weight _____ lbs
 Primary Owner's Name _____
 Home Address _____ City _____ Zip _____
 Phone Number _____ Email Address _____
 If Boarding, Enter Reservation Dates: From _____ To _____

BE SURE TO TAKE YOUR DOG'S STOOL SAMPLE TO THE VET FOR FECAL TESTING

REQUIRED IMMUNIZATIONS: Please enter the date of last vaccination.

DHPP _____ Rabies _____ Bordetella _____
 1 year or 3 year 1 year or 3 year **REQUIRED EVERY 6 MONTHS**

EXAMINATION INFORMATION: Please check all boxes that apply.

Date of last physical exam _____ Dog's general health is: Poor Fair Good Excellent

FECAL (REQUIRED EVERY 6 MONTHS) Negative
 Fecal Test Date _____
 diarrhea **hookworm** **coccidia**
 blood tapeworm **whipworm**
 roundworm other _____ **Giardia**

SKIN Normal
 hot spots fleas/mites **ringworm**
 cysts tumors **mange**
 stitches other _____

► Is this dog on a monthly flea control program?
 Yes No If yes, type _____

EARS Normal
 mites infection
 other _____

ORAL Normal
 papillomas dental problems sores
 other _____

EYES Normal
 conjunctivitis glaucoma
 other _____

SKELETAL Normal
 hip dysplasia broken bones arthritis
 other _____

KENNEL COUGH in the past 2 months?
 Yes No

For the health and safety of our guests, dogs with contagious afflictions (as indicated in **bold**) will **NOT** be allowed at Doggy Haven Resort.

OTHER HEALTH ISSUES/CONCERNS _____

Print Veterinarian's Name _____ Clinic Name _____
 Address _____ Phone () _____
 Veterinarian's Signature _____ Date _____