



5303 West Interurban Blvd., Bothell, WA 98012  
 Phone: (425) 482-4472 Fax: (425) 482-9410

# VETERINARY EXAM FORM

Please give this form to your veterinarian to fill out

## 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 with Doggy Haven Resort.

**IMPORTANT:** For new guests, a **fecal test** 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 \_\_\_\_\_ Weight \_\_\_\_\_ lbs  
 Breed \_\_\_\_\_ Sex?  M  F Spayed/Neutered?  Y  N  
 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  6 mos. or  1 year

**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 any concerns 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 \_\_\_\_\_