



Health Certification for Visitation Programs Paws 2 Care Therapy Dog Group

In order to comply with the regulations regarding visitation programs in health care facilities, **dogs must meet the following health standard: 1 or 3 year rabies, Annual Exam and stool check.** A copy of this certificate must be on file at each health facility that this animal visits. The dog's owner is responsible for keeping the information current. This certificate must be updated every year and a new copy must go to the health care facility.

To Be Completed by D.V.M.

Owner's name: _____

Pet's name: _____

Breed: _____ Age: _____

The attending veterinarian will determine the appropriate vaccination schedule. The following are listed as a guideline only. Please give last date for each of the following. If using titers, please attach certificate.

Date of Exam: _____

Rabies: _____ *(Please indicate 1 or 3 year formula)*

DHLPP: _____

Bordatella: _____

Other Vaccinations: _____

Heartworm Free: Yes No If No, list treatment below.

Intestinal Parasite Free: Yes No If No, list treatment below.

Dog is in good health: Yes No If No, list treatment below.

Dog is being treated for the following: _____

Comments: _____

Veterinarian's signature

Printed Name

Date