



Angel PAWS Pet Therapy Ministry
VETERINARY EVALUATION FORM

Handler Info:

Owner's Name	
Street Address	
City, State Zip	
Phone Numbers	(H): (W): (C):
E-mail	
Owner aware of any current medical issues:	

Pet Info:

Pet's Name	
Pet's Date of Birth	
Breed / Color	
<i>Please Indicate</i>	Male (<input type="checkbox"/>) Female (<input type="checkbox"/>) Altered: Y or N

Veterinary Clinic Info:

Clinic Name	
Clinic Address	
City, State, Zip	
Phone	
Attending Veterinarian	
Notes:	

Physical Exam and Vaccinations: *Please indicate dates administered*

Exam:	
Rabies:	
Fecal:	
Heartworm Prevention Used:	
Flea Control Used:	

Pet Owner's Name: _____

Recently Noticed:

Coughing	Ear Mites	Hot Spots	Ringworm	Seizures
Diarrhea	External Parasites	Lameness	Runny Ears/Nose	Tapeworms
Ear Infection	Frequent Urination	Open Sores	Scratching	Vomiting

Please comment on the following:

Nails trimmed	Heart
Clean, odor-free coat	Respiration
Grooming acceptable	Temperature
Skin	Allergies
Ears	Weight
Eyes	
Oral Care	

- Has this pet routinely had problems with fleas or ticks: Y / N
- Does this pet show signs of stress when examined: Y / N
- To your knowledge, has this pet bitten anyone: Y / N
- Are you this pet's regular veterinarian: Y / N
- How long have you been this pet's veterinarian: _____

Please make any other comments about the health or temperament of this pet and the care given by its owner:

Veterinarian Signature

Date

PLEASE ATTACH SIGNED RABIES CERTIFICATE

We appreciate your time, efforts and cooperation to make this program successful. Please email completed form to Debbie Benningfield at cfbcangelpaws@gmail.com