



Fidos For Freedom, Inc.

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ANNUAL HEALTH RECORDS

NAME OF OWNER: _____

NAME OF DOG: _____

BREED: _____

DATE OF BIRTH: _____

Dear Veterinarian,

Your patient is participating in a therapy dog screening with Fidos For Freedom. We would appreciate your cooperation in completing this form in its entirety at no charge for your client, as they hope to serve the local community as a therapy dog team. We realize your time is valuable and we extend our sincere thanks to you.

MANDATORY ANNUAL PROCEDURES

Annual health exam Exam Date _____

Rabies vaccine: Date Given _____ Date Due _____

Distemper/Parvo – VACCINE / TITER Date Given _____ Date Due _____
(please circle)

Fecal test: Test Date _____ Result _____

Please attach copy of Rabies Certificate. If pet has rabies exemption from state of Maryland, please include copy of exemption and reason for exemption below.

VETERINARIAN SIGNATURE & DATE

CLINIC STAMP: