

Pets and People® Visiting Society
Veterinary Inspection and Medical Record

OWNER INFORMATION

Name: _____

Address: _____ Postal code: _____

Telephone:(home) _____ (business) _____ (other) _____

Email: _____ Fax: _____

PET INFORMATION

Pet's name: _____ Age: _____ Sex: _____

Species: _____ Breed: _____

Description: _____ Weight: _____

Do you **ever** feed your pet **raw bones//meat//fish//poultry**? _____

VETERINARY FACILITY

Name: _____

Address: _____ Postal code: _____

Phone: _____ Fax: _____

Email: _____

OWNER'S ABILITY TO HANDLE//CONTROL PET _____

Comments: _____

I. MEDICAL HISTORY

Are there any ongoing medical problems requiring medication? Yes No

If yes, please describe: _____

II. PHYSICAL EXAMINATION

Any problems with cleanliness, grooming, teeth/mouth, clean paws, nails clipped? Yes No

Any discharges/weeping (eyes, ears, nose, mouth, genitals, anal area, paws or nails)? Yes N

Any dental disease (tartar, gingivitis, periodontitis)? Yes No

Any possible painful conditions that may cause the pet to react suddenly to handling (arthritis, otitis, eye problems, etc.)?

Yes No Any coughing or diarrhea? Yes No

If yes to any of these, please comment: _____

III. BEHAVIOR

Any behavioural problems you are aware of? Yes No

Does the pet react adversely to handling and manipulation during the exam (feet, head, mouth, ears and tail)?

Yes No

If yes to either of the above, please comment: _____

IV. VACCINATIONS

Type: _____ Date: _____

Type: _____ Date: _____

Type: _____ Date: _____

Note: **A wellness exam and a fecal are required prior to acceptance into Pets and People. An annual wellness check is required and subsequent fecal tests are at the discretion of your veterinarian.** Rabies is required for both dogs and cats according to label recommendations (vaccinated at one year of age, then every three years). The DA₂P-CPV* for dogs and FVRCP** for cats may be done at the discretion of the pet's veterinarian.

V. PARASITE CONTROL

Fecal Analysis (annual) Date: _____

Type of test(s) and results: _____

Heartworm Testing and Prevention

(Recommended for **Pets and People** depending on veterinarian's assessment of risk factors.(essential at some facilities)

Date of last test: _____ Prevention product used: _____

Prevention considered necessary at this time? Yes No Prevention declined _____

Any external parasites (fleas, ticks, mites, lice, dermatophytes)? Yes No

If yes, please describe _____

Date: _____ Veterinarian's Signature _____

Veterinarian's name (please print) _____

*Distemper, Hepatitis, Parainfluenza and Canine Parvovirus **Feline Viral Rhinotracheitis, Calicivirus and Panleukopenia

**Both forms can also be sent to the follow address to the Attention of:--- Marjorie Rutherford
Pets and People Visiting Society, Box 211 9-3151 Lakeshore Road, Kelowna BC, V1W 3S9**

This form must be completed **annually, by your veterinarian**, after acceptance into the program
Please complete both pages of this form, return completed forms to: **-Pets and People Visiting Society**
c/o Susan Shanks, #102-2365 Stillingfleet Road, Kelowna BC, V1W 4X5

