

Pacific Assistance Dogs

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Federal Charity No. 89225 2347 RR 0001



PADS PACIFIC
ASSISTANCE
DOGS

CANINE VETERINARY HEALTH EXAMINATION FORM

GRADUATE'S NAME: _____

CANINE NAME: _____ DATE: _____

HOSPITAL _____

ADDRESS: _____

CITY / PROV / CODE: _____

PHONE: _____ FAX: _____

CURRENT WEIGHT _____ IDEAL WEIGHT: _____

DHLPP DATE: _____ RABIES DATE: _____

BORDETELLA DATE: _____ STOOL SPECIMEN: _____

EYES: _____ EARS: _____

TEETH: _____ SKIN: _____

CURRENT MEDICATIONS / PREVENTATIVES / TREATMENTS / DIET: _____

VET: _____ SIGNED: _____