



**PAWS
OF
CNY**

Annual Health Screening Form

Thank you for taking the time to perform an examination of this pet for participation in PAWS of CNY, Inc. (PAWS) Therapy Pet Programs. Our volunteers and their pets visit people in hospitals, nursing homes, schools, and other institutions, and bring smiles to more than 800 people each month.

PAWS of CNY, Inc requires every therapy pet to have an annual examination by a veterinarian in addition to a yearly fecal test, current Rabies Vaccination and the use of parasite control. We are asking you to assess the overall health of the animal, and any notable reactions to the process of physical handling. We appreciate your cooperation in completing this form. You may use your own form/statement of health if you prefer. The pet's owner will then be responsible for submitting the form to PAWS.

For more information about our programs, please visit www.pawsofcny.org or call (315) 457-7622.

Pet's Name: _____

Owner's Name: _____

Veterinarian's Name: _____

Date of Examination: _____

Please rate the overall health of the animal:

- Excellent (no serious chronic diseases or disorders)
- Very Good (minor complaints associated with normal aging)
- Good (chronic conditions with occasional flare-ups)
- Poor (serious chronic conditions requiring ongoing treatment)

Date of Last Fecal Test: _____

Fecal Test Results **(Required annually)**: _____

Comments: _____

Signature of Veterinarian: _____ Date: _____

Address: _____ Phone: () _____

09/16