

Southwest Service Dogs
Health & Wellness Form

Please ask your veterinarian to fill out the bottom portion of this form

Owner's Name:

Dog's Name:

Breed:

Age:

Date of birth:

Male / Female

Spayed or Neutered / Intact

Date of last vaccinations

Rabies:

DHLPP:

Date of Wellness Exam:

Does this dog appear to be clean & free of internal & external parasites? Y/N

Does this dog have any current health problems which would interfere with the ability to work as a Service Dog? Y/N

Did this dog allow itself to be examined by clinic staff? Y/N

Veterinarian signature_____

Clinic Name:

Address:

Phone Number:

OR

Clinic stamp: