



# Annual Health Screening Form

PAWS of CNY, Inc requires every therapy pet to have an annual examination by a veterinarian **that includes a yearly fecal test that validates the pet has tested negative for intestinal parasites**, as well as a current rabies vaccination. Flea and tick prevention is highly recommended. 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](http://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)

### Fecal Test Instructions:

This form **must** indicate that the pet has received a fecal test within the past 365 days and the test results. **Application forms that indicate the test results were positive for ova and parasites or that are left blank will not be processed.**

Date of Last Fecal Test: \_\_\_\_\_

Fecal Test Results (Required **annually** for current volunteers): \_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Signature of Veterinarian: \_\_\_\_\_

Date: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_