

Paws Giving Independence



"saving a life to change a life"

Paws Giving Independence (PGI)- Veterinary Report

Name of Service Dog: _____

Service Dog's Program ID Number: _____ **Owner's Name:** _____

Age of Dog: _____ **Dogs DOB:** _____ **Breed:** _____

Dear Doctor,

The above mentioned dog is a working Paws Giving Independence Service Dog. A medical report providing information about general health, vaccinations, flea and tick preventative, and heartworm preventative must be provided to Paws Giving Independence. Please take a moment to fill out this form. It is the responsibility of the service dog's owners to file this form with PGI on a yearly basis.

Date of Examination: _____ **Dog's Weight:** _____

Suggested Examination	Physical exam, basic orthopedic exam Annual vaccinations: Leptospirosis, Bordatella, Influenza, (optional Lyme), Distemper and Rabies (May be given as an annual or 3-year vaccine), Heartworm test, Check fecal, Monthly Heartworm & flea/tick preventative, Check microchip and confirm spay/neuter
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Vaccinations given Today: _____

Was a summer/ fall supply of flea and tick preventative purchased? Y / N

If no please explain: _____

How would you describe the overall health status of the dog? Excellent / Good / Fair / Poor

Is the dog cleared to work as a service dog for another year? Y / N

If no, date of retirement: _____

Where any other symptoms/ conditions noted on the general health exam? _____

Name of Veterinary Clinic and Vet: _____

Address: _____ **City:** _____ **Phone Number:** _____

Signature of Vet: _____ **Date:** _____

Thank you for your cooperation,
Paws Giving Independence, PO Box 9572, Peoria IL 61612