



**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 Today:** \_\_\_\_\_

**This dog is (circle):** overweight - a good weight - underweight

Vaccination/Check	Current:
Wellness Exam	<input type="checkbox"/> Yes <input type="checkbox"/> No    Date: _____
Rabies	<input type="checkbox"/> Yes <input type="checkbox"/> No    Date: _____ <input type="checkbox"/> 1 year <input type="checkbox"/> 3 year
Distemper	<input type="checkbox"/> Yes <input type="checkbox"/> No    Date: _____ <input type="checkbox"/> 1 year <input type="checkbox"/> 3 year
Bordetella	<input type="checkbox"/> Yes <input type="checkbox"/> No    Date: _____
Leptospirosis	<input type="checkbox"/> Yes <input type="checkbox"/> No    Date: _____
Heartworm Test	<input type="checkbox"/> Yes <input type="checkbox"/> No    Date: _____ Result: <input type="checkbox"/> Neg <input type="checkbox"/> Pos

Fecal Test	<input type="checkbox"/> Yes <input type="checkbox"/> No    Date: _____
	Result: <input type="checkbox"/> Neg <input type="checkbox"/> Pos
Influenza (Optional)	<input type="checkbox"/> Yes <input type="checkbox"/> No    Date: _____
Lyme (Optional)	<input type="checkbox"/> Yes <input type="checkbox"/> No    Date: _____

**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