



Owner Last Name _____ First Name _____ Day Phone _____

Address _____ Evening Phone _____

City _____ State _____ Zip _____ Animal Name _____

Predominant Breed _____ Colors of Animal _____

Species	Sex	Age	Size
<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered?	<input type="checkbox"/> 12 months or older	<input type="checkbox"/> Under 20 lbs. <input type="checkbox"/> 20–50 lbs. <input type="checkbox"/> 50 lbs. or over

BELOW FOR VETERINARY USE ONLY

At the time the animal examined on _____, it appeared to be free of contagious diseases and parasites. The result of the fecal examination was _____. If positive, treated with _____.

CANINE	Date Vaccinated	Expires	FELINE	Date Vaccinated	Expires
Adenovirus			Calicivirus		
Distemper			Chlamydia psittaci		
Hepatitis			Panleukopenia		
Leptospirosis			Pneumonitis		
Parainfluenza			Rhinotracheitis		
Parvovirus			Rabies		
Rabies					

All vaccines must be current and the fecal exam must be negative to become a WFH member. Your pet must have been seen by your vet within six months of your WFH evaluation.

Comments:

Veterinarian's Signature _____ Date _____ MD License # _____ Phone _____