



A DOG IS A WILLING LISTENER FOR A CHILD

Wellness Report

Owner's Name: _____

Dog's Name: _____

Dog's Date of Birth: _____

Fecal Date: _____

Parasite Results (please check one):

Positive

Negative

Parasite Found: _____

Treated: _____

Giardia (specific) Results (please check one):

Positive

Negative

Parasite Found: _____

Treated: _____

Rabies Date: _____ Rabies Expiration Date: _____

DVM Signature: _____ Date: _____

Veterinary Clinic: _____ Phone Number: _____

Phone: 425.482.1057

FAX: 425.984.0249

Mail: PO Box 2569, Woodinville, WA 98072-2569)



All donations are fully tax deductible.