



PAWS FOR HEALING, INC.
1370 Trancas Street PMB #127
Napa, CA 94558 (707) 258-3486
www.pawsforhealing.org

ADDITIONAL DOG CANINE PROFILE

Dog's Name _____ Breed _____ Birthdate _____

Weight _____ Male/Female (Circle) _____ Altered (Circle) YES/NO

Owners' Name _____ Telephone _____

Address _____ City/Zip _____

Where did you get your dog? (Circle) Breeder Pet Store Shelter/Rescue

Other (Explain) _____

How long have you owned your dog? _____

Level of Obedience Training (Circle) Beginner Advanced Utility No Training

Other (Explain) _____

Is your dog housebroken? Yes/No

Does your dog get along with people? Yes/No

Does your dog get along with other dogs? Yes/No

Is your dog shy/nervous in crowds? Yes/No

Is your dog under reliable control off leash? Yes/No

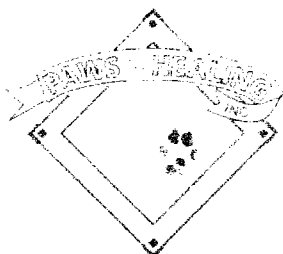
Is your dog "hand" shy? Yes/No

Does your dog get carsick? Yes/No

Is your dog on heartworm preventative? Yes/No

Is your dog flea free? Yes/No

List or describe any tricks or behaviors unique to your dog:



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Additional Dog Canine Medical History

Please have your veterinarian complete and sign this form.

Owner's Name: _____ Telephone: _____ e-mail _____

Address: _____ City/Zip: _____

Dog's Name: _____ Breed: _____ Dog License County and #: _____

Canine's Birth Date: _____ Weight: _____ M / F Altered: YES / NO

Vaccination Record *Please attach a copy of the vaccination records.*

Rabies Date _____ 36 Month Vaccine YES / NO

DHPP Date _____ 36 Month Vaccine YES / NO

Bordatella at veterinarian's discretion Date _____

Corona Virus at veterinarian's discretion Date _____

Date of last Fecal Float or deworming _____ or verification of continuous flea and heartworm protection.

Pet is on preventative program (circle) Heartguard Plus Interceptor Program Sentinel Other

Has this dog ever been diagnosed with: (Please circle)

Camphylobacteriosis	YES	NO
Yersoniosis	YES	NO
Salmonellosis	YES	NO
Canine brucellosis	YES	NO
Cutanbeous dermatophytes	YES	NO

Has this dog ever been diagnosed with staphylococcus that was resistant to antibiotics? YES NO

Is this dog at risk for Leptosporosis? YES NO

If this dog is at risk, date of latest vaccination. Date _____

Does this dog actively herd sheep or cattle or have access to cattle pastures? YES NO

Has this dog ever been diagnosed as having a nematode infestation, which could cause larva migrans in humans? YES NO

If yes, was successful treatment implemented? YES NO

Does this dog have routine problems with fleas and ticks? YES NO

To your knowledge has this dog ever bitten anyone? YES NO

Describe general state of health and temperament, noting any concerns not covered above. _____

Veterinarian (Print) _____ Signature _____ Date _____

Address _____ City/Zip _____ Telephone _____

Please return form and copy of rabies certificate to Paws for Healing, Inc