



Health and Wellness Form

Dogs General Information

Dogs Name: _____ Date: _____

Contact with questions (Name and email): _____

Dogs age at adoption: _____ Mth Yr Dogs weight at adoption: _____

Food and Treats

Name of food: _____

Amount: _____ Cups Bowls Times per day: _____

Requires solitary feeding? Yes No

Name(s) of treats given: _____

Amount: _____ Times per day: _____

Vaccinations

Distemper, Hepatitis, Parvo, Para (DHPP) Performed: _____

Rabies Performed: _____ 1 yr 3 yr

Heartworm Test: _____ Positive Negative

Spay Neuter (check one)

Other health information:

Flea and Heartworm Preventatives

Name of Flea Preventative: _____ Next Dose Due: _____

Name of Heartworm Preventative: _____ Next Dose Due: _____

General Health and Grooming Information

Known allergies _____

Date nails were trimmed: _____

Shampoo Used: _____ Date of last bath: _____