



THE GABRIEL INSTITUTE
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REQUIRED FOR REGISTRATION & RENEWAL

**ONE DOG
PER FORM**

ANNUAL HEALTH RECORDS FORM

OWNER: _____ DOG: _____ DOG ID# _____

BREED: _____ M F NEUTERED/SPAYED: _____

Dear Health Care Provider:

Please complete this form in its entirety. All requirements must be met as indicated. Your signature will confirm that all procedures were performed, including the annual health check-up. Where procedures were not performed, please check appropriate boxes. All other mandatory procedures not performed by you, please write "not done" in the appropriate space. **PLEASE DO NOT CHARGE AN EXTRA FEE FOR COMPLETION OF THIS FORM.** All our Associate Members are volunteers and serve their local community. As this dog's Veterinarian, I affirm that the information stated in this form is a truthful account of this animal's veterinary record. I hereby certify that I have examined the dog named above and find this animal physically and mentally healthy and free of contagious diseases.

CHECK-UP

A check-up must have been done by a licensed Veterinarian within the last year.

DATE OF LAST CHECK-UP: _____

RABIES (no titers accepted)

A current Rabies vaccination is required for registration. TDI will not accept a Rabies titer.

DATE GIVEN: _____ EXPIRES: _____

FECAL EXAM

A fecal exam with a negative result must have been performed within one year.

DATE: _____ POSITIVE: NEGATIVE:

CORE VACCINATIONS (initial set)

A dog must have received an initial series of Distemper, Hepatitis, and Parvovirus vaccinations to be registered. Subsequent boosters are given at the Veterinarian's discretion.

DISTEMPER: _____

HEPATITIS: _____

PARVOVIRUS: _____

MANDATORY HEARTWORM

Dogs which ARE on continued heartworm medication must be tested at least every two years. Dogs which are NOT on heartworm medication must be tested annually.

IS THE DOG PRESENTLY ON A CONTINUOUS HEARTWORM PREVENTATIVE MEDICATION? Y N

DATE: _____ POSITIVE: NEGATIVE:

PRINTED NAME OF THE LICENSED VETERINARIAN: _____ DATE: _____

SIGNATURE OF THE LICENSED VETERINARIAN: _____ PHONE #: _____

ADDRESS OF THE LICENSED VETERINARIAN: _____