

"The world was conquered through the understanding of dogs; the world exists through the understanding of dogs."
-- Nietzsche



ASSISTANCE DOG CLUB OF PUGET SOUND Membership Form

2522 N. Proctor, Box #459 Tacoma, WA 98406
E-mail: assist_dog_club@hotmail.com
Internet: <http://www.assistancedogclub.org/>

ADC Veterinary Medical History

Please Return This Form With Your Completed Paperwork to ADC or if you are bringing a new dog to a meeting or an event. It must be completed by your veterinarian.

Dog's Name: _____ Breed or Breed Mix: _____

Dog's Date of Birth: _____

Dog's Gender: Male _____ Female _____ Spayed/Neutered: Yes _____ No _____

Dog's Height _____ Weight: _____

How long has this dog been in your care? _____

Is this dog current on his/her vaccinations? _____

What type of preventative flea treatment is this dog using? _____

All dogs must have had a negative fecal exam within the past six months.

Date test performed: _____ Test Results: _____ Dog Treated? Yes: _____ No _____

Has this dog had any previous or current medical conditions (i.e. heartworms, arthritis, thyroid, etc.)?

Veterinarian Signature: _____ **Date:** _____

Mailing Address: _____

City: _____ State: _____ Zip: _____