

BUCHANAN COUNTY UNIVERSITY OF MISSOURI EXTENSION

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**PONY EXPRESS THERAPY DOGS
HEALTH RECORD
*TO BE FILLED OUT BY YOUR VETERINARIAN***

MEMBER (DOG OWNER) NAME: _____

DOG NAME: _____ BREED: _____

VACCINATION HISTORY

	DATE ADMINISTERED	EXPIRATION
DHPPC		
RABIES		
BORDATELLA		
FECAL EXAM		RESULTS:

SIGNATURE OF VETERINARIAN: _____ **DATE:** _____

PRINTED NAME: _____

CLINIC ADDRESS: _____

Pony Express Therapy Dog Contact Information:

Bill Luce, Ex. Dir.
816- 232-5162
William_luce49@yahoo.com