

Veterinary Hospital Name & Address

INITIAL HEALTH INSPECTION

(Box provided for your stamp)

Owners: _____

Address: _____

City: _____

Phone: _____

Date Examined: _____, 20__

Attending Veterinarian: (Please Print) _____

Breed: Great Pyrenees Sex: ___ Neut?: ___ Age: ___ Height: ___ Weight: ___

Dog's name: _____ Microchip # (if any): _____

The following vaccinations must have been given within one year:

DHL/PP: Date: _____

Bordetella: Date: _____

Rabies: within 2 yrs is dog is over 12 months: Date: _____

Was fecal exam for worms done? _____ Results: _____

Was blood test for heartworm done? _____ Results: _____

Is dog currently on Heartworm preventative? _____

Findings of initial visit: _____

Vaccinations anticipated: _____

Worming program needed: _____

Heartworm Medication needed: _____

Is this animal neutered?: _____ Was this animal X-rayed? _____

If so, for what? _____

Comments/Suggestions: _____

Attending Veterinarian's Signature: _____

Thank you for your help and time. Please return this form to us at the address below

GPRNC Rescue

1457 Peterson Ln
Santa Rosa, CA 95403
1-877-PYRENEES (797-3633)