



**PAWS FOR HEALING, INC.**  
1370 Trancas Street PMB #127  
Napa, CA 94558 (707) 258-3486  
[www.pawsforhealing.org](http://www.pawsforhealing.org)

**ADDITIONAL DOG  
CANINE PROFILE**

Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_ Birthdate \_\_\_\_\_

Weight \_\_\_\_\_ Male/Female (Circle) \_\_\_\_\_ Altered (Circle) YES/NO

Owners' Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Where did you get your dog? (Circle) Breeder Pet Store Shelter/Rescue

Other (Explain) \_\_\_\_\_

How long have you owned your dog? \_\_\_\_\_

Level of Obedience Training (Circle) Beginner Advanced Utility No Training

Other (Explain) \_\_\_\_\_

Is your dog housebroken? Yes/No

Does your dog get along with people? Yes/No

Does your dog get along with other dogs? Yes/No

Is your dog shy/nervous in crowds? Yes/No

Is your dog under reliable control off leash? Yes/No

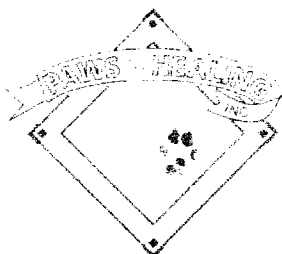
Is your dog "hand" shy? Yes/No

Does your dog get carsick? Yes/No

Is your dog on heartworm preventative? Yes/No

Is your dog flea free? Yes/No

List or describe any tricks or behaviors unique to your dog:



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## Additional Dog Canine Medical History

Please have your veterinarian complete and sign this form.

Owner's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ e-mail \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Dog License County and #: \_\_\_\_\_

Canine's Birth Date: \_\_\_\_\_ Weight: \_\_\_\_\_ M / F Altered: YES / NO

Vaccination Record *Please attach a copy of the vaccination records.*

Rabies Date \_\_\_\_\_ 36 Month Vaccine YES / NO

DHPP Date \_\_\_\_\_ 36 Month Vaccine YES / NO

Bordatella at veterinarian's discretion Date \_\_\_\_\_

Corona Virus at veterinarian's discretion Date \_\_\_\_\_

Date of last Fecal Float or deworming \_\_\_\_\_ or verification of continuous flea and heartworm protection.

Pet is on preventative program (circle) Heartguard Plus      Interceptor Program      Sentinel      Other

Has this dog ever been diagnosed with: (Please circle)

Camphylobacteriosis	YES	NO
Yersoniosis	YES	NO
Salmonellosis	YES	NO
Canine brucellosis	YES	NO
Cutanbeous dermatophytes	YES	NO

Has this dog ever been diagnosed with staphylococcus that was resistant to antibiotics? YES NO

Is this dog at risk for Leptosporosis? YES NO

If this dog is at risk, date of latest vaccination. Date \_\_\_\_\_

Does this dog actively herd sheep or cattle or have access to cattle pastures? YES NO

Has this dog ever been diagnosed as having a nematode infestation, which could cause larva migrans in humans? YES NO

If yes, was successful treatment implemented? YES NO

Does this dog have routine problems with fleas and ticks? YES NO

To your knowledge has this dog ever bitten anyone? YES NO

**Describe general state of health and temperament, noting any concerns not covered above.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Veterinarian (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Please return form and copy of rabies certificate to Paws for Healing, Inc