



# Veterinary Exam Form

Please take this form to your veterinarian for your dog's physical examination and fecal test.

Email: [newcastleinfo@eastsidevet.com](mailto:newcastleinfo@eastsidevet.com)

Fax: 425-226-6610

Address: 1700 NE 44<sup>th</sup> Street, Newcastle, WA 98056

## INSTRUCTIONS

This form must be completed and signed by a licensed veterinarian and returned to Eastside Veterinary Associates by email, fax or in person **48 hours PRIOR** to the first day of class. For the protection of all of our student dogs and puppies, failure to supply this information will be cause for cancellation of your class with Eastside Veterinary Associates / Spunky Dogs. Please update this form every time your pet receives booster vaccines.

Dog's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  M  F  
 Breed \_\_\_\_\_ Spayed/Neutered?  Y  N Weight \_\_\_\_\_ lbs  
 Primary Owner's Name \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

## BE SURE TO TAKE YOUR DOG'S STOOL SAMPLE TO THE VET FOR FECAL TESTING

### Medical requirements for attending class.

- Comprehensive wellness physical examination with a licensed veterinarian within previous 6 months.
- If under 6 months old, DA2PP administered every 3-4 weeks from 8 to 16 weeks of age.
- Bordetella series of 2 vaccines, 2-4 weeks apart.
- Rabies vaccine (1) between 12 weeks and 6 months of age, or current if older than 6 months old.
- NEGATIVE Fecal ova and parasite test. Exceptions can be granted if pet is under treatment and not symptomatic.
- Monthly flea control prescribed and dispensed by veterinarian
- No contagious diseases including: fleas, ear mites, conjunctivitis, kennel cough, ringworm, mange, intestinal parasites.

Requirement	Dates of Service / Duration	Notes
Wellness Physician Exam		Health Concerns:
Da2PP (list all dates)		
Bordetella (list all dates)		
Rabies		
Fecal		Result =
Flea Control		Product =
Does the dog/puppy have any contagious diseases or conditions such as fleas, ear mites, conjunctivitis, kennel cough, ringworm, mange, intestinal parasites?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Veterinarian Name \_\_\_\_\_  
 Clinic Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Veterinarian Signature \_\_\_\_\_ Date: \_\_\_\_\_