LIONS FOUNDATION OF CANADA
DOGGUIDES

HEALTH REPORT

Graduate's Name		**Date**	

Dog's Name		**DOB**	
Breed		**Colour**	
Vaccination Date		❑ DHLPP ❑ Corona ❑ Bord ❑ Rabies ❑ Lyme	
Fecal Analysis	❑ Normal ❑ Or deworming program		
Weight This Visit	Kg	❑ Ideal ❑ Overweight ❑ Underweight	
Weight Last Visit	Kg	**Date of Last Visit**	
Has a weight reduction program been implemented?			❑ Yes ❑ No

UPON VISUAL EXAMINATION is/are the:

Coat/Skin	❑ Normal ❑ Or comments
Teeth	❑ Normal ❑ Tartar buildup ❑ Mild ❑ Moderate ❑ Severe
Ears	❑ Normal ❑ Mild irritation ❑ Requires Medication
Eyes	❑ Normal ❑ Or comments
Nails	❑ Normal ❑ Need Clipping
Hips	❑ Normal ❑ Or comments
Gait	❑ Normal ❑ Or comments

Injuries/illness: Have any injuries been sustained over the past six (6) months?
❑ No ❑ Yes, Specify
Treatments: Have treatments been given over the past six (6) months?
❑ No ❑ Yes, Specify

Additional Comments	

Veterinarian's Name			
Clinic Name			
Clinic Address			
Apt / Unit #		**City**	
Province		**Postal Code**	
Clinic Telephone		**Fax Number**	

Veterinarian's Signature

Date

152 WILSON STREET, OAKVILLE ONTARIO L6K 0G6

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