

Date: _____

Owner: _____ Pet: _____

The Patchogue Rotary Animal Assisted Therapy Program (PRAAT Inc.) requires the following vaccines and procedures to be done by a NYS licensed veterinarian working in a veterinary hospital. Please complete the following health maintenance check list.

- Annual Physical Examination** Date given _____
Veterinary Hospital _____
- Rabies Vaccine** (3 yr) Date given _____ Date Due _____
- DA2P-PV** (3 yr) Date given _____ Date Due _____
- Bordetella (annual)** Date given _____ Date Due _____
- Heartworm Test (annual)** Date tested _____ Date Due _____
- Fecal Exam (annual)** Date tested _____ Date Due _____
- Flea / Tick Preventative** Brand Name _____
- Heartworm / Intestinal parasite Preventative**
Brand Name _____

Please have a representative from your veterinarian's office sign this form so our records remain current which will enable you to continue with PRAAT, Inc. Thank you very much for your cooperation.

Veterinarian's comments:

Veterinarian: _____

Veterinarian's Signature: _____

Mail to: PRAAT, Inc.
639 Route 112
Patchogue, NY 11772

Or fax to: 631-475-2430
Attn: PRAAT