

Date: \_\_\_\_\_

Owner: \_\_\_\_\_ Pet: \_\_\_\_\_

The Patchogue Rotary Animal Assisted Therapy Program (PRAAT Inc.) needs to be updated. Please complete the following health maintenance check list.

**Rabies Vaccine** Tag# \_\_\_\_\_

Date given \_\_\_\_\_ Date Due \_\_\_\_\_

**Annual DA2LP-PV** Date given \_\_\_\_\_ Date Due \_\_\_\_\_

**Heartworm Test** Date given \_\_\_\_\_ Date Due \_\_\_\_\_

**Fecal Exam** Date given \_\_\_\_\_ Date Due \_\_\_\_\_

**Bordetella** Date given \_\_\_\_\_ Date Due \_\_\_\_\_

**Flea Preventative** Brand Name \_\_\_\_\_

Quantity \_\_\_\_\_ Date Purchased \_\_\_\_\_

**Heartworm Preventative** Brand Name \_\_\_\_\_

Quantity \_\_\_\_\_ Date Purchased \_\_\_\_\_

Please have 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