For The Love Of Paws Senior Pet Sanctuary Inc
D.B.A. Paws Meals On Wheels, Space Coast Kibble Kitchen
12198 County Road 512 • Fellsmere, Florida 32948
772-539-2417 • www.pawspetsanctuary.org

Veterinary Statement of Care/Health

Name of Veterinary Clinic/Hospital/Facility:

Street Address: _____ **City:**_____**State:** _____ **Zip:** _____

Phone:_____ **Email:**_____

Name of Care/Examining Veterinarian and Hospital if different than above:

_____

Please list the Vaccinations Shot Record and Dates for the Pet(s) or attached medical records (*must be current*):

_____

_____

_____

_____

Please list the Health/Medical Conditions/Issues of this/these Pet(s) and your statement of Health and/or recommendations:

_____

_____

_____

_____

Heart worm: ◯ **Negative** ◯ **Positive** **Date of Test:**_____

Parasite: ◯ **Negative** ◯ **Positive** **Date of Test:**_____

FIV (Feline immunodeficiency virus): ◯ **Negative** ◯ **Positive** **Date of Test:**_____

FeLV (Feline leukemia virus): ◯ **Negative** ◯ **Positive** **Date of Test:**_____

Any medical conditions or issues that we should be aware of: _____

_____

_____

Signature of Examining Veterinarian: _____ **Date:** _____