



**Our Mission**  
Paws-Abilities, a Washington Corporation,  
is in business to exercise a dog's mind as well as their bodies.  
**Our Vision**  
To see all of Washington State with well trained and well exercised dogs  
**Our Goal**  
To provide our canine clients with knowledgeable humans

## Every Dog Has Paws-Abilities! Since 1993

### VACCINATION/FECAL RECORD

#### DIRECTIONS TO VETERINARIAN:

Please complete all items below that pertain to the animal you are treating.

Owner's Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Pet's Name \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_  
(Approximate)

#### 1. FECAL CHECK:

Date of last fecal **or** de-worming: \_\_\_\_/\_\_\_\_/\_\_\_\_ Results: Negative / Positive

**OR**

Fecal test not needed as this pet is on the following preventative program:

Heartgard-PLUS     Interceptor     Sentinel     Revolution     Other \_\_\_\_\_

#### 2. VACCINATION RECORD: Please give the dates of last exam/vaccinations.

DATE OF LAST ANNUAL EXAMINATION: \_\_\_\_/\_\_\_\_/\_\_\_\_ (valid for 1 year only)

RABIES: \_\_\_\_/\_\_\_\_/\_\_\_\_ ( 1 or 3 year ?)    DH2PL: \_\_\_\_/\_\_\_\_/\_\_\_\_ ( 1 or 3 year ?)

BORDATELLA \_\_\_\_/\_\_\_\_/\_\_\_\_ (valid for 1 year only)

#### 3. Blood Titers : Titers Excepted in lieu of above vaccines. Titers is at an except able level

Yes     No    Vet initials \_\_\_\_\_ (required if answered "yes")

#### 4. This dog is exempt from all vaccines due to autoimmune deficiency. (Additional documentation may be required)

Yes     No    Vet initials \_\_\_\_\_ (required if answered "yes")

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Name of Clinic: \_\_\_\_\_ Vet Signature: \_\_\_\_\_

**Paws-Abilities, Inc.**

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