

**WESTIE RESCUE AND PLACEMENT OF NORTHERN CALIFORNIA
Senior Westie Health Certificate**



Section I: To be completed by owner of Senior Westie (age 10 years or greater)

Name of Westie: _____ Age: _____

Name of Owner: _____

Date of last vaccinations:

DHLP:

Corona:

Bordatella:

Parvo:

Rabies:

Other:

Is the dog currently receiving heartworm (HW) preventative? _____ If "yes", what is the name of the heartworm medication: _____ Date of last dosage: _____

Is dog HW negative? _____ Date of last HW Test: _____

Is the dog currently receiving any flea preventative(s)? _____ If "yes", what is the name of the flea medication: _____ Date of last dosage: _____

If the Westie has allergies, describe: _____

Rate your Westie' health: ___ Excellent ___ Good ___ Fair ___ Poor

If Fair or Poor, please describe medical issues: _____

Describe the Westie's physical status: _____

If unspayed female, date of last heat cycle: _____ Could she may be pregnant? _____

Has the Westie received any medications since age 8? _____ If yes", please list the names, dosages and dates prescribed:

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Section II: To be completed and signed by your veterinarian

Veterinarian Name: _____

Veterinarian Office Address: _____

Veterinarian Phone Number: _____

Licenses and Board memberships: _____

How would you characterize the health of this Westie: _____

What should a new owner know regarding health maintenance and daily care of this Westie?

Have you ever referred this Westie to a Specialist? Yes _____ No _____ If "yes", please provide the following information about the specialist:

Veterinary Specialist Name: _____

Type of Specialty: _____

Reason for referral: _____

How many pages are there in this pet's veterinary records? _____

I, Dr. _____, certify that the medical information provided by me and the owner of this Westie is complete and correct:

Signed: _____ Date: _____

Please email records (including any specialist reports) to westierescuenorcal@gmail.com