

Animal Protection Coalition, Inc.

Annual Health Report Form

How is your adopted animal?

We would first like to thank you for adopting from Animal Protection Coalition, Inc. Keep in mind that every adopter signs a contract that says they would send in annual health updates. Below is a form to help you with this process. Please have your veterinarian fill it out as completely as possible. Use separate forms for each animal (if you adopted more than one). If you have any questions concerning this procedure please let us know.

This form must be filled out and signed by a licensed veterinarian and received in our office no later than June 15th each year. Failure to do so is grounds for removal of your adopted animal. We understand that not everyone uses a veterinarian to deworm and vaccinate their animals, please provide a copy of the vaccination and dewormer labels if you do not use a veterinarian for these items. Please return this form to the address below. Please remember to include current pictures of your adopted animal(s).

Please mail this form and pictures to Animal Protection Coalition, Inc., 10254 West 800 South, Owensville, IN 47665, or fax to 206-338-5604, or e-mail apc@animalprotectioncoalition.org

Name of Adopted Animal <i>(If you have changed the animal's name please also give us the name on the adoption contract)</i>	Date
Adopter's Name	Phone number
Adopter's Address	City/State/Zip Code
Address of Adopted Animal <i>(if different from Adopter's)</i>	City/State/Zip Code
Veterinarian Name	Phone number
Physical Condition of Animal	
Vaccinations Given and Date	
Date of Last Deworming and Product Used	
For Horses: Were teeth checked? _____ Did they need floating? _____ Date teeth were floated: _____	
Hoof/Pad/Nail Condition: <i>(circle one)</i> Bad Fair Good	
Additional comments by adopter and/or veterinarian regarding animal's health:	
Signature of Adopter	Date
Signature of Veterinarian	Date

Thank you for your cooperation!