



Cornell University
College of Veterinary Medicine



Cornell Companions Health Screening Form For small animals (dogs and cats)

To be eligible to participate in Cornell Companions all animals must be examined by a licensed Veterinarian and pass all parts of the health examination.

If your animal has been examined within the last **12 months** and it included ALL parts of the Cornell Companions health screen you do not need to schedule an additional examination, **but** your veterinarian must still sign this form.

To remain an active member of Cornell Companions you will need to provide documentation of current rabies vaccination whether this be every year for those receiving annual vaccines or every 3 years for those on 3-year vaccination schedule.

This form has been formulated with the assistance of licensed and well-established veterinarians in the community and the requirements are considered important as you are sharing your animals with members of the public, some of whom may have serious health conditions that compromise their immune system. It is desirable that your animal receives a yearly wellness examination by your veterinarian.

We acknowledge the assistance of Dr. Mary Smith, DVM; Dr. James Morrisey, DVM; and Dr. Tracey Stevens, DVM; in formulating these medical forms.

For Dogs and Cats

PLEASE NOTE: Animals that eat a raw protein diet or treats **CANNOT** be part of Cornell Companions.

****Please also attach a copy of the most recent rabies certificate.

**Cornell University College of Veterinary Medicine
Cornell Companions
S2-009 Schurman Hall, Ithaca, New York 14853**

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Owner/Handler Name: _____

Animal's Name: _____

Date:	
Species/Breed	
Neutered or Spay?	Yes___ No_____
Birthdate of Animal	

Please list what medications the animal takes and if it is maintenance medicine

Medication	Maintenance (yes/no)

A fecal exam to include steps to detect the presence of the cysts of various parasites such as *Giardia* and *Cryptosporidium*, eggs/larva/ segments of other parasites, such as roundworms, hookworms, and tapeworms needs to be performed yearly.

Test	Date performed	Results	Treatment if necessary
Fecal test			

Parasite control

List preventative products used to control external (fleas and ticks) and internal parasites (heartworm, roundworms, hookworms, whipworms etc).

Type of Parasite	Frequency of use	Product Used
Heartworm/Other worms		
Flea and tick		

Cornell Companions

Owner/Handler Name: _____

Animal's Name: _____

Vaccinations

The following are required by Cornell Companions other vaccinations may be recommended by your veterinarian.

Species	Vaccine	Date Given
Dog	Rabies every year or every 3 years. No titers.	
	DHLPP/DAPP A dog must receive the initial series, boosters are given at the discretion of the veterinarian	
Cat	Rabies every year or every 3 years. No titers.	
	FVRCP A cat must receive the initial series, boosters are given at the discretion of the veterinarian	

General Health of animal and suitability for Cornell Companions

Please check from your physical exam is most appropriate

	Excellent	No Chronic Issues
	Very Good	Some minor Issues, but they should not affect the Animal's ability to participate
	Good	chronic condition (s) that flare up, but should not affect the animal's ability to participate
	Poor	Not appropriate for animal to participate

After examining this animal, I believe that it meets the health criteria necessary and is a suitable animal for Cornell Companions.

DVM Name		
Practice Name		
Practice Address		
Practice phone number		Practice e-mail

DVM Signature: _____ Date of Exam: _____

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