



Veterinary Pet Therapy Form

Dog	Behavior	Medical	Physical Appearance
<p>Name: _____</p> <p>Handler Name: _____</p> <p>Breed: _____</p> <p>Age: _____</p> <p>Date(s) seen in last year: _____ _____ _____</p>	<p>— Normal and appropriate for a well behaved pet who will be offering pet therapy sessions</p> <p>— Aggression</p> <p>— Fear</p> <p>— Barking</p> <p>— Growling</p> <p>— Any concerns about pet providing pet therapy sessions and/or exposing dog to patients in hospitals, nursing homes, care facilities? If, yes please explain:</p>	<p>— Bloodwork Normal</p> <p>— On Heartworm Medication</p> <p>— Worming</p> <p>— Vaccines up to date or attach titer test</p> <p>— Has this pet had any health issues in the last year? If yes please explain:</p>	<p>— Ears Normal</p> <p>— Eyes Normal</p> <p>— Teeth Normal</p> <p>— Skin Normal</p> <p>— Coat Normal</p> <p>— Body Normal</p> <p>— Weight Normal</p> <p>— Walks without any limp or hesitancy</p> <p>Anything not marked normal above please note:</p>

I certify that this dog is free of communicable diseases and the above information is true and accurate to the best of my knowledge:

Attending Veterinarian

Date

Owner/Handler

Date

Veterinarian must fax to (816) 293-2903