

Aggieland Pets With A Purpose Canine Veterinary Screening

Owner's Name: _____

Dog's Name: _____ Age: _____ Breed: _____

Address: _____

Phone #'s: _____ E-mail address: _____

ATTENTION VETERINARIAN:

The owner and dog listed above are participating in a pet facilitated therapy program. This involves working closely with children and adults of all ages who suffer from serious illness, psychiatric conditions, or who have been involved in a serious accident. It is imperative that the health of the dog be excellent and the temperament sound. Please evaluate the dog carefully and note your findings.

Proof of Vaccinations:

Date given

DHPP _____(yearly/3year)

Leptospirosis _____(yearly)

(or lepto titer annually)

Rabies _____(yearly/3 year)

Bordetella _____(Intranasal yearly/Oral/6 months)

Last date checked for internal parasites: _____ **Negative Positive**

Skin Condition and coat: **normal abnormal** _____

Condition of teeth and gums: **normal abnormal** _____

Check for external parasites: **absent present** _____

Is this pet on a heartworm preventative consistently? **Yes No**

Is this pet on a flea/tick preventative consistently? **Yes No**

Please describe the dog's behavior during the exam:

Friendly Outgoing Reserved Shy Nervous Snappy Aggressive

Have you ever observed this dog exhibiting aggressive tendencies at people or other animals? **Yes No**

Overall does this dog appear healthy? **Yes No**

I certify that all of the above information is correct to the best of my knowledge.

Veterinarian Signature: _____

Date: _____

Veterinarian Stamp or address/phone: