

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.

<u>Proof of Vaccinations:</u>	Date given
DHPP	_____ (yearly/3year)
Leptospirosis (Or lepto titer annually)	_____ (yearly)
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 the above information is correct to the best of my knowledge.

Veterinarian Signature: _____

Date: _____

Veterinarian Stamp or address/phone:

