

## Aggieland Pets with A Purpose Canine Veterinary Screening

Owner's Name: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed & Weight \_\_\_\_\_ Age & Gender (spay or neuter)

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<br>(Or leptotiter annually) | _____ (yearly)             |
| Rabies                                    | _____ (yearly/3 year)      |
| Bordetella                                | _____ (Intranasal yearly)) |

| Last date checked for internal parasites: _____       | Negative      | Positive              |
|---|---------------|-----------------------|
| Skin Condition and coat:                              | <b>normal</b> | <b>abnormal</b> _____ |
| Condition of teeth and gums:                          | <b>normal</b> | <b>abnormal</b> _____ |
| Check for external parasites:                         | <b>absent</b> | <b>present</b> _____  |
| Is this pet on a heartworm preventative consistently? | <b>Yes</b>    | <b>No</b>             |
| Is this pet on a flea/tick preventative consistently? | <b>Yes</b>    | <b>No</b>             |

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: