



Veterinarian Information Form

DOWNLOAD, PRINT & FILL-IN HANDLER INFO ONLY FOR VET

TherapyPet Handler Information

Completed by Volunteer

Handler's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
Eve(Home): \_\_\_\_\_ Day(Work): \_\_\_\_\_
Cell: \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_

Dear Veterinarian - Please complete the following:

Veterinarian Information

Completed by Veterinarian

Note - Generally the information requested should be available from current vet records and may not require a new exam.

Name of Veterinary Practice/Business: \_\_\_\_\_
Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Veterinarian: \_\_\_\_\_

Canine Medical History

Completed by Veterinarian

Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_  Spayed  Neutered
Age: \_\_\_\_\_ Years\* Date of Birth\*: \_\_\_\_/\_\_\_\_/\_\_\_\_ How long have you known this animal? \_\_\_\_\_ Years
\* ESTIMATED IF DOB NOT KNOWN.

Fecal Exam Date of lab test (required): \_\_\_\_/\_\_\_\_/\_\_\_\_ Results: \_\_\_\_\_ Microchip? Y N

Note - Rabies expiration date (required): \_\_\_\_/\_\_\_\_/\_\_\_\_ List other current vaccinations [within last year]: \_\_\_\_\_

Heartworm medication  Flea/Tick control products currently used: \_\_\_\_\_

Has this dog been diagnosed as having any of the following? [Check if Yes] If yes, please explain:

- Campylobacteriosis? Explain: \_\_\_\_\_
 Yersiniosis? Explain: \_\_\_\_\_
 Salmonellosis? Explain: \_\_\_\_\_
 Canine brucellosis? Explain: \_\_\_\_\_
 Leptospirosis? Explain: \_\_\_\_\_
 Cutaneous dermatophytes (ringworm)? Explain: \_\_\_\_\_
 A staphylococcal infection that was resistant to multiple antibiotics? Explain: \_\_\_\_\_
 A nematode infestation (which could cause larva migraines in people)? Explain: \_\_\_\_\_

General Health Comments: Please describe this dog's general state of health and any major or recurrent problems you have noted. Please include any medical problems that might affect the ability of this dog to do pet therapy work in nursing care environments or other places with people who may have compromised immune systems: \_\_\_\_\_

Veterinarian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you from TherapyPets