

**Part E: Canines for Therapy Animal Health Screening**

Canines for Therapy Team: Please complete this section for review with your veterinarian.

Handler's Name:		Date:
Animal's Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female
Breed:		<input type="checkbox"/> Intact <input type="checkbox"/> Altered
Animal's Lifestyle:	<input type="checkbox"/> Sedentary <input type="checkbox"/> Moderately Active <input type="checkbox"/> Active	
What activities do you do with your animal that exposes it to other animals?		
Does your animal spend time outdoors other than routine walks, playtime, or potty times?		

**Veterinarian: Please complete the remainder of this form. All sections of the form must be completed, and the form must be signed and dated. Assessment of the animal's health should be no more than four (4) months prior to completion of form.**

How long have you known the handler?	How long have you known the animal?
Does this animal need to be muzzled or sedated for veterinary examination?	
<b>General Health and Appearance</b>	
The overall health of this animal is (select one):	<input type="checkbox"/> Excellent; no serious chronic conditions <input type="checkbox"/> Very good; minor issues associated with normal aging <input type="checkbox"/> Good; chronic conditions with occasional flare-ups <input type="checkbox"/> Poor; serious conditions requiring ongoing treatment
Vital Signs: Pulse: _____ Temperature: _____ Respiration: _____ Weight: _____	Medications:
How often do you see this animal?	<input type="checkbox"/> Annually <input type="checkbox"/> Wellness Program <input type="checkbox"/> Only when injured or ill <input type="checkbox"/> Every _____ months

<b>Vaccinations</b>	
<p>Animals that are registered Canines for Therapy teams must be healthy, clean, properly maintained and free from disease that could cause problems for immune-compromised patients in facilities visited. Canines for Therapy defers to the licensed veterinarian caring for the animal in regard to the appropriate vaccinations for an animal. Rabies immunizations, or other immunizations required by state or local law must be provided and documented as per the law.</p>	
Rabies (State law)	Expirations Date:
Other (specify):	Other (list)

General Body Systems			
Please note any physical problems or abnormalities that may put the animal at risk while on visits.			
System	Normal	Abnormal	Comments
General Appearance			
Skin/Cost			
Skeletal-muscular			
Heart/Lungs			
Digestive			
Urogenital			
Eyes / Ears			
Nervous			
Lymph Nodes			
Mucous Membranes			
Teeth / Mouth			
Parasite Control (Specific to geographic location)			
Parasite Controlled for and method of control:			
Internal parasite evaluation: Must be <b>within last 6 months of assessment date</b> and completed annually thereafter. Result must be negative for completion of registration		Date of last fecal exam: _____ Result: _____	

In my professional judgment, this animal is in sound physical condition to participate as a Canines for Therapy team member: \_\_\_\_ Yes \_\_\_\_ No

If no, why: \_\_\_\_\_

Do you think this dog has the personality for therapy work? \_\_\_\_ Yes \_\_\_\_ No

If no, why: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_

Signature: \_\_\_\_\_