



HEALTH SCREENING FORM

Handler's Name:					
Animal's Name:					
Breed:		Age:		<input type="checkbox"/> Intact	<input type="checkbox"/> Altered
How long have you known the Handler?					
How long have you known this animal?					
Are you this animal's personal veterinarian?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
General Health of Animal:					
<input type="checkbox"/> Excellent – No chronic disease of disorders <input type="checkbox"/> Very Good – Minor complaints associated with normal aging <input type="checkbox"/> Good – Chronic conditions resulting in occasional flare-ups <input type="checkbox"/> Poor – Chronic illness requiring ongoing treatment					
How frequently do you see this animal?					
<input type="checkbox"/> Once a year <input type="checkbox"/> Regular wellness program <input type="checkbox"/> Only when ill/injured <input type="checkbox"/> Every _____ months <input type="checkbox"/> Other					
If other, please explain:					
Temp:		Pulse:		Resp:	
Weight:					
Please list any medication(s) currently prescribed:					

Physical Examination:

Check **N** for **Normal** findings and **A** for **Abnormal** findings. **Circle** observations about the animal's general health, paying particular attention to areas which might affect the dog's ability to visit safely. Note any physical problems which may put the animal at risk (e.g. arthritis, painful ear infection, etc).

SYSTEM	N	A	EXAM FINDINGS	COMMENTS
General Appearances			alert interested weak depressed overweight dirty	
Skin/Coat			shiny coat healthy skin hair loss fleas itchy redness scaly sores	
Musculo-Skeletal			appears sound pain lameness joint problems	
Heart/Lungs			strong beat murmur fast slow clear breathing problems cough rapid respirations congestion	
Digestive System			normal bowel sounds pain enlarged organ gas full/painful anal sacs	
Urogenital			normal appearance abnormal discharge pain enlarged prostate	
Eyes/Ears			clear alert adequate tearing discharge inflamed cataracts infection clean lid deformities extra hair	
Nervous System			alert happy depressed abnormal nerve tests	
Lymph Nodes			normal size swollen	
Mucous Membranes			normal appearance jaundiced pale inflamed	
Teeth/Mouth			clean no abnormal odour tartar gingivitis odour plaque	

Please note: Pet Therapy Society may not require both the Parasite Program and Fecal Exam, although facilities being visited by the animal may require both or more frequent testing to attend their facility.

Parasite Program: Please list preventative programs or testing and treatments for controlling parasites (type of parasite, method of control/preventative, frequency):	
External (fleas, ticks, etc.)	
Internal (ascarids, heartworm, etc.)	

OR

Fecal Exam:			
Result:	<input type="checkbox"/> Positive	Date:	
	<input type="checkbox"/> Negative		
If positive, please note Retest:	<input type="checkbox"/> Positive	Date:	
	<input type="checkbox"/> Negative		

Immunization:

Immunization	Date Done	Date Due:	Signature of Licensed Veterinarian
Rabies			
Other (at the discretion of the veterinarian)			

Please provide any comments you feel pertains to this animal's readiness to participate in a pet therapy program.

VETERINARIAN'S CERTIFICATION:

I hereby certify that I have examined the above animal and to the best of my knowledge, find the animal physically and mentally healthy and free of contagious diseases.

Date:		Signature:	
Name:			
Clinic:			
Address:			
Phone #:			

**Address Stamp of
Veterinary Clinic**