



**caring canines**  
VISITING THERAPY DOGS

## Canine Health Assessment Form

Required at evaluation and annually for renewal

### ***Section I: Basic Information (To be completed by owner)***

Owner's Name: \_\_\_\_\_ Dog's Name: \_\_\_\_\_ Dog's Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell : \_\_\_\_\_

Veterinary Clinic: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Vet's Name: \_\_\_\_\_

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### ***Sections II and III to be completed by veterinary clinic***

Caring Canines Visiting Therapy Dogs, Inc is a not for profit, all volunteer program serving the Greater Boston area. Our teams visit adults and children in a variety of settings including nursing homes, schools, hospitals, and other community settings. Our teams are screened for behavioral suitability for the program. We also require that dogs have an annual health screening in order to allow participation in the program.

Our goal is to ensure that the dog's overall health is sufficient for participation in the program, both for the protection of the dog's health and for those adults and children that the dog will come in contact with. Therefore, your professional assessment of the dog's health and behavior is very important to our program. Thank you!

### ***Section II: Health Assessment and Vaccination History***

Date of last physical exam \_\_\_\_\_ Is the dog spayed/neutered?  No  Yes

**A. Rabies**

Vaccination	Date	Detailed information
Rabies ( <i>Required under State Law</i> )		Select: 1 year   2 year   3 year Date expires:

**B. Core Vaccines (follow-up vaccines or titers not required)**

Vaccination	Yes/No	Date
Distemper		
CAV-2 (Hepatitis)		
Parvovirus		
Parainfluenza		

**C. Non-Core Vaccines REQUIRED by Caring Canines**

Vaccination	Yes/No	Date	If NO, please explain
Bordetella			
Leptospirosis			

**D. Please list additional vaccinations (type and date) not included above:**

\_\_\_\_\_

**Significant medical history and/or significant health status change from prior year (include any medications):** None   Yes, describe below

\_\_\_\_\_  
\_\_\_\_\_

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**Section III: Behavior**

To your knowledge, has this dog ever bitten anyone? No   Yes, describe:

\_\_\_\_\_  
\_\_\_\_\_

In your opinion, are there any behavioral concerns regarding this dog's participation in a therapy dog program? None   Yes, describe:

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**Other comments:**

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Veterinarian's Signature \_\_\_\_\_ Date \_\_\_\_\_

***Thank you! Please return the completed form to the dog's owner for processing.***