

Animal Health Screening Form

This form should be completed by the animal's veterinarian based on an exam that has been completed within the past year. This form asks for information about the animal's temperament, vaccinations, and overall health. This form provides support for the animal to become a professional therapy animal. If you have any concerns about the animal, please discuss these with the animal's caregiver prior to completing the form.

Animal Caregiver/Practitioner's Name: _____

Animal Profile

Animal Name: _____

Date of Birth: _____ Age: _____

Species: _____ Breed: _____

Describe animal's temperament: _____

Describe any issues with temperament, anxiety, or aggression: _____

Animal Health

Date of Last Complete Exam: _____

Date of Rabies Vaccination (if applicable): _____

Result of annual fecal exam (if applicable): _____

Result of heartworm exam (if applicable): _____

Current medications: _____

Describe any conditions or disabilities the animal has and how this may impact therapy work:

Attestations

- This animal is current on all vaccinations.
- This animal does not display any signs of infectious or zoonotic diseases.
- This animal is free from internal and external parasites.
- I certify that this animal is in good health as of the date of the last complete exam.
- I do not have reservations at this time about this animal serving as a professional therapy animal.

Veterinary Hospital: _____

Veterinarian Name (Print): _____

Veterinarian Signature: _____

Date: _____