TherapyPets
P.O. Box 32288
Oakland, CA 94604-3588
(510) 287-9042
www.therapypets.org

Dear Veterinarian:

TherapyPets trains volunteers and screens their pets to provide animal assisted activities, without charge, to a variety of local facilities including hospitals, retirement communities and schools.

Animal assisted activities offer motivational, educational, recreational and therapeutic benefits to improve quality of life by pets visiting people. TherapyPets is a California non-profit public benefit corporation tax exempt under Internal Revenue Code Section 501(c)(3).

Guidelines, training, and education for the owners and their pets are provided to ensure proper etiquette during visits. Photo badges issued annually on a renewal basis identify each team. For more information on TherapyPets, please visit our website http://www.therapypets.org

To qualify canines for TherapyPets visits, we require candidates to have our Vet Form completed. The results of a fecal exam within the last six months are also required.

We appreciate you taking the time to complete this form. Typically, recent information found in a pet's file (except possibly the fecal exam) will be sufficient to complete this form.

Please do not hesitate to contact us if you have questions or need additional information.

Sincerely,

TherapyPets

TherapyPets

VERSION 3.1

Veterinarian Information Form

ON-LINE FILL-IN: TYPE HANDLER INFO, THEN PRINT

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*

Name of Veterinary Practice/Business: _____

Practice Address: _____ City: _____ Zip: _____

Phone: (_____) _____-_____ Veterinarian: _____

Canine Medical History — *Completed by Veterinarian*

Breed: _____ Weight: _____ Sex: ____ Spayed/Neutered? Y N

Age: _____Years* Date of Birth*: _____/_____/_____ How long has pet been a patient of practice? _____Yrs

** ESTIMATED IF DOB NOT KNOWN.*

Date of Last fecal exam (required within last six months): ____/____/____ Results: _____

Rabies expiration date: ___/___/___ ***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: _____

☐ Yersoniosis? 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

TherapyPets P.O. Box 32288 Oakland CA 94604-3588 (510) 287-9042 therapypets.org

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Print

EASY FILL-IN, THEN PRINT

Clear