



## TherapyPets

P.O. Box 32288  
Oakland, CA 94604-3588  
(510) 287-9042  
[www.therapypets.org](http://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 for candidates to have our Vet Form completed. The results of a fecal exam within the last twelve 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 Board of Directors*





## 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 : \_\_\_\_/\_\_\_\_/\_\_\_\_ Results: \_\_\_\_\_ Microchipped? Y\_N\_  
**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: \_\_\_\_\_
- Yersiniosis? 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