

# Veterinarian Report

**Handi-Dogs, Inc.**  
75 S. Montego Drive Tucson AZ 85710  
520/326-3412 Fax 520/319-8186  
service@handi-dogs.org



I, \_\_\_\_\_ give my permission for the below named veterinarian to release the

information requested in this form. **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If under age 18, Parent/Guardian Name & Signature: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Microchip Number (Mandatory): \_\_\_\_\_

Spay/Neuter is mandatory before promotion to the Advanced Training Level. Dogs in estrus ("heat") will not be allowed to participate in any training lessons outside of the dog's home. **Is dog spayed/neutered?**

Yes — Date (if known) \_\_\_\_\_  No — At what age will this be done? \_\_\_\_\_

## Dates of:

Rabies (*core*): \_\_\_\_\_  1yr  3yr Distemper (*core*): \_\_\_\_\_ Parvo (*core*) \_\_\_\_\_

Adenovirus 2 (Hepatitis) (*core*): \_\_\_\_\_ Parainfluenza (*optional*): \_\_\_\_\_ Bordetella (*optional*): \_\_\_\_\_

Basic Eye Exam: \_\_\_\_\_ Internal Parasite Check: \_\_\_\_\_ External Parasite Check: \_\_\_\_\_

General physical health: \_\_\_\_\_

Weight: \_\_\_\_\_ If over or under weight, the dog needs to *lose / gain* \_\_\_\_\_ pounds.

Any chronic conditions? \_\_\_\_\_

Mental health & willingness to be handled & examined: \_\_\_\_\_

Has dog ever attempted to bite you or any of your staff?  Yes  No

If so, please describe circumstances: \_\_\_\_\_

Service Dogs must be individually **trained to do work or perform tasks** for the benefit of an individual with a disability. They must be physically capable of performing these tasks and of tolerating certain conditions depending on the owner's individual needs. Examples of possible tasks/conditions are:

- Retrieving (no mouth or teeth problems);
- Walking on hard surfaces to accompany owner & climbing into cars or onto buses without help;
- Bracing & Balance work—wearing a walking harness, assisting owner to rise from floor, chairs, etc. (no hip, knee, wrist, or other joint defects/dysplasia);
- Hearing Ear or Diabetic Alert work (the dog alerts its owner to sounds; or to changes in glucose levels).

Does this dog have any signs/symptoms of joint problems/defects? \_\_\_\_\_

Does this dog have any other issues that you are aware of that may impact its ability work as a service dog?

\_\_\_\_\_

Veterinarian \_\_\_\_\_ Date: \_\_\_\_\_

Address or Practice Name \_\_\_\_\_ Phone \_\_\_\_\_