

# Veterinarian's Report

For In-Home Assistance Dog

**Handi-Dogs, Inc.**  
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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 signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neuter (date) \_\_\_\_\_

**Last vaccination dates: Rabies and DHPP are mandatory:** \_\_\_\_\_

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

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: \_\_\_\_\_

In-Home Assistance Dogs are 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;
- 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 an in-home assistance dog?

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

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

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_