

Veterinarian Report

Handi-Dogs, Inc.
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I, _____ give my consent 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 affect its ability work as a service dog?

Veterinarian _____ Date: _____

Address or Practice Name _____ Phone _____