



Vet Medical Clearance Form - Therapy Dogs

<p>What is your client's:</p> <p>First name: <input type="text"/></p> <p>Last name: <input type="text"/></p> <p>Dog's name? <input type="text"/></p>	<p>How would you rate the dog's general health?</p> <p><input type="radio"/> Excellent (no pain or chronic conditions)</p> <p><input type="radio"/> Very good (some minor complaints managed by treatment)</p> <p><input type="radio"/> Good (some ongoing chronic issues that may have flare ups requiring time off)</p> <p><input type="radio"/> Poor (chronic health concerns impacting daily living that would make working challenging)</p>
<p>Breed(s): <input type="text"/></p> <p>Sex: M / F</p> <p>Desexed: Y / N Age desexed: _____</p> <p>Weight in kg: <input type="text"/></p> <p>Is this a healthy weight for this dog? Y / N</p> <p>Microchip number <input type="text"/></p>	<p>Do you consider this dog's health to be well enough to work as a therapy dog?</p> <p>Y / N</p> <p>Are there adjustments to work that are required due to a health concern? Y / N</p> <p>If yes, please describe: _____</p> <p>_____</p> <p>_____</p>
<p>Date of last C5 Vaccinations? __ / __ / ____</p> <p>Date next due: __ / __ / ____</p>	<p>How long have you been treating this dog?</p> <p>_____</p>
<p>Does the dog have a flea and worming treatment program? Y / N</p> <p>What is the product? _____</p> <p>Frequency of administration? _____</p>	<p>Name of vet: _____</p> <p>Signature: _____</p> <p>Vet practice: _____</p> <p>_____</p> <p>Date: _____</p>