



**THE GOOD DOG FOUNDATION**  
dogs helping humans heal

**THE GOOD DOG FOUNDATION  
VETERINARY MEDICAL EVALUATION**

Good Dog requires an annual veterinary exam reported on this Good Dog veterinary form for every certified Good Dog. Please call the Good Dog office at (888) 859-9992 if your veterinarian has any questions about completing this report.

Owner's Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Breed: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

Weight: \_\_\_\_\_ Coat color: \_\_\_\_\_

Veterinary Clinic: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Attending veterinarian: \_\_\_\_\_

The Good Dog Foundation complies with state laws regarding vaccinations. We understand that this animal's veterinarian is in the best position to prescribe other vaccinations or titers that will ensure the animal's immunity and safety in a health care facility and will ensure client health and safety.

<b>Vaccination:</b>	<b>Expiration Date</b>
Rabies (State Law):	_____
Other (Please list):	_____
_____	_____
_____	_____
_____	_____

**The Good Dog Foundation requires an annual stool sample even for dogs on heartworm and tick prevention.**

Date of most recent stool sample (must be within the last **six** months) \_\_\_\_\_ Result \_\_\_\_\_

Is the dog on heartworm preventative? \_\_\_\_\_

Is the dog on an appropriate tick prevention regime? \_\_\_\_\_



**THE GOOD DOG FOUNDATION**  
dogs helping humans heal

**Are you or the owner aware of any current medical problems?**

---

---

**Recently noticed:** Diarrhea \_\_\_ Scratching \_\_\_ Vomiting \_\_\_ Lethargy \_\_\_  
Frequent urination \_\_\_ Coughing \_\_\_ Sneezing \_\_\_ Open sores \_\_\_  
External parasites \_\_\_ Anorexia \_\_\_ Runny eyes \_\_\_ Runny nose \_\_\_

**Please examine the following:** (make any comments you deem necessary)

Normal	Abnormal	Comments
___	___	General condition/cleanliness _____
___	___	Nails _____
___	___	Coat _____
___	___	Integument _____
___	___	Ears _____
___	___	Eyes _____
___	___	Nose _____
___	___	Oral cavity _____
___	___	Lymph nodes _____
___	___	Urogenital _____
___	___	Auscultation _____
___	___	Abdominal Palpation _____
___	___	Temperature _____

**Additional comments:**

---

---

**Do you feel that this dog should participate in Therapy Dog Services in healthcare facilities (keeping in mind the health of the dog, hospital patients and staff)?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Yes, with the following concerns addressed:**

---

---

**Veterinarian's name (Please print):** \_\_\_\_\_

**Veterinarian's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please scan/email this form to [volunteers@thegooddogfoundation.org](mailto:volunteers@thegooddogfoundation.org) and keep a copy for your records. Alternatively, you can fax this form to (888) 861-7312, or mail it to the physical address below.**