



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: _____

E-mail: _____

Pet's name: _____ Breed: _____

Date of birth: _____ Male _____ Female _____ Spayed/Neutered _____

Weight: _____ Coat color: _____

Veterinary Clinic: _____

Mailing address: _____

Phone: _____

Attending veterinarian: _____

The Good Dog Foundation complies with NYC 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.

Vaccination:

Expiration Date:

Rabies (State Law): _____

Distemper _____

Parvo _____

Good Dog requires a negative stool sample and flea/tick prevention.

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

Flea/tick prevention regime _____

Is the dog on heartworm preventative? _____



THE GOOD DOG FOUNDATION
dogs helping humans heal

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

Recently noticed:

Diarrhea ___ Vomiting ___ Lethargy ___ Frequent urination ___
Scratching ___ Coughing ___ Sneezing ___ Open sores ___
Runny eyes ___ Runny nose ___ Anorexia ___ External parasites ___
Itchy or inflamed ears ___ Itchy paws ___

Normal / Abnormal

Comments

___ / ___ General condition / cleanliness _____
___ / ___ Nails _____
___ / ___ Coat _____

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 and keep a copy for your records. Alternatively, please mail this form to the physical address below.