



**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. **Volunteers, please ensure your mailing address is correct.**

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 **6 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?**

---

---

**Please list all medications and supplements the dog is currently taking.**

---

---

**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:** \_\_\_\_\_

**Volunteers, please upload this form to our online link when completed in its entirety.**

Alternatively, email to [volunteers@thegooddogfoundation.org](mailto:volunteers@thegooddogfoundation.org) or mail to the physical address below. Please note we do not have a fax. Please keep a copy of this form for your records.