

Veterinarian's Report

Handi-Dogs, Inc.

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I give my permission for the below named veterinarian to release the information requested in this form.

Signature

Date

Dog's Name: _____ Breed: _____

Age: _____ Sex: _____ Spayed/Neuter (date) _____ (Mandatory - you must spay/neuter by the age recommended by your Vet)

Dates of the Following: Because the dogs will be exposed to each other in an indoor classroom and use a common waste area, all of these vaccinations/exams are mandatory.

Basic Eye Exam:	Internal Parasite Check:	Rabies:
Bordatella:	Parainfluenza:	Parvo:
Distemper:	Hepatitis:	

General physical health: _____

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 shopping;
- 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 work (the dog alerts its hearing-impaired owner to sounds).

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 impact its ability work as a service dog?

Veterinarian _____ Date: _____

Address _____ Phone _____