

**SHADOWLEECANINE THERAPY TEAMS**

**THERAPY VETERINARY EVALUATION**

ShadowleeCanine Therapy Teams require initial registration and annual registration of each therapy animal suitability for therapy work, including an evaluation of the animal's health by the animal's veterinarian on this form. Please provide the information requested under "OWNER AND ANIMAL" below and sign and date in the space provided and have your veterinarian provide the information and sign and date in the space provided under "VETERINARIAN AND EXAMINATION RESULTS" below. You must submit this completed and signed form as a condition to registration. Please return completed form to ShadowleeCanine trainer.

PLEASE be sure to keep a copy of this completed form for your own records and be sure to bring a copy with you on every visit to any facility.

**OWNER AND ANIMAL**

Owner's Name (please print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Animal's Name (Call Name, not AKC or other registry name): \_\_\_\_\_

Breed (if not known, best guess as to mix): \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Spayed/Neutered: Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_

My animal described above is currently protected from fleas and ticks by an appropriate repellent or other parasite control regime and I use it in accordance with the manufacturer's or my veterinarian's instructions.

I am not aware of any unresolved medical or behavioral problems that should be a source of concern if my animal were to serve as a therapy animal in a school, hospital or other institution.

Owner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VETERINARIAN AND EXAMINATION RESULTS**

Examining Veterinarian: Please complete the following the sign and date this form in the space below:

Name of Clinic/Hospital: \_\_\_\_\_

Stamp/Imprint:

Examining Veterinarian (print): \_\_\_\_\_ License #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Most recent rabies vaccination (current vaccination required): \_\_\_\_\_ Expires: \_\_\_\_\_

Most recent fecal tests (required, must include the ELISA test for giardia and have been made within the preceding thirty (30) days): \_\_\_\_\_

Results: \_\_\_\_\_ Negative \_\_\_\_\_ Positive

Please make an overall physical examination of the animal, including ears, eyes, nose and throat, integument, auscultation, abdominal palpation, urogenital and lymph nodes. Please state if your examination revealed anything that would be a source of concern if the animal were to serve as a therapy animal in a school, hospital or other institution, such as fever, open sores, diarrhea, vomiting, coughing or sneezing, ticks, fleas or other external parasites, dermatitis, otitis or seizure or other neurological disorder and, if so, whether the concern has been resolved:

\_\_\_\_\_  
\_\_\_\_\_

Is the animal generally in good health and well-groomed with appropriately trimmed nails?

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

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Examining Veterinarian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_