

Therapeutic Dog Services Incorporated

Dog Health Screening Form



**Therapeutic
Dog Services**

Therapeutic Dog Services Incorporated

C/- Animal Assisted Interventions Training and Wellness Centre
PO Box 664, STATHALBYN SA 5255

ADELAIDE CENTRAL:

12 Kent Ave, FULHAM GARDENS SA 5024

PHONE: 08 8591 8109

MOBILE: 0481 293 370

EMAIL: therapydogs@tdsinc.com.au

WEBSITES: www.therapeuticdogservices.org or www.therapydog-trainingcentre.org



[Therapeutic Dog Services Inc.](#)

ANIMAL ASSISTED & THERAPY DOG SERVICES

File: Dog Health Screening Form

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Health Screening Form

To be completed by a veterinarian in the presence of the owner

Volunteers Name: _____

Address: _____

Phone: _____

Dogs Name: _____ Breed: _____

Age: _____

<input type="checkbox"/> Entire/Intact	<input type="checkbox"/> Neutered
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Are you the pet's personal veterinarian?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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How frequently do you see this dog?

<input type="checkbox"/> Regular Wellness Program	<input type="checkbox"/> Only when Ill/required
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General Health of this dog:

- Excellent – no chronic disease or disorder.
- Very Good – Minor complaints associated with normal aging.
- Good – chronic condition resulting in occasional flare-ups
- Poor – chronic illness requiring on-going treatment

Current Vaccination Details:

Certified up to date and administered on _____

(Maximum C5)

Next Vaccination Due on: _____

Parasite Program:

1: External: (fleas, ticks etc.) is parasite control used?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Control /Preventatives used: _____

2: Internal (Internal worms, heartworm, etc.). Is parasite control used?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Control /Preventatives used: _____

Reaction to Examination

Please evaluate the dog's reaction to being handled and examined.

Tick the column marked "Accepts Handling" if the dog remains calm or the "Dislikes Handling" column if the dog becomes aggressive, resentful, or excessively fearful.

Note any physical problems which may put the dog at risk (e.g.: arthritis or painful ear infection)

Examination	Accepts Handling	Dislikes Handling
1. Eye (lids, conjunctiva, cornea)		
2. Ears (appearance, discharge, mites, odor)		
3. Nose (appearance, discharge, mites, odor)		
4. Mouth/Throat (breath, teeth, gingival)		
5. Head and Neck (manipulation)		
6. Withers and Back (deformities, swelling, tenderness)		
7. Thorax (shape, auscultation)		
8. Abdomen (tension, tenderness, sensitivity to palpation)		
9. Mammary glands and genitalia (sensitivity to palpation)		
10. Legs & Feet (tenderness, joint movement, sensitivity to)		
11. Palpation between pads and toenail trimming		
12. Locomotion (gait, lameness, paresis)		
13. Skin (colour, odor, hair coat)		
14. Tail (anal sacs, sensitivity to manipulation)		

ANY OTHER INFORMATION:

MUST BE AUTHORISED. THANK YOU.

DATE OF EXAMINATION:
VETERINARIAN EXAMINER:
ADDRESS:
PHONE:
SIGNATURE: