

HOPE ANIMAL-ASSISTED CRISIS RESPONSE CANINE HEALTH RECORD

To be completed by owner

Owners Name:	Date:
Dogs Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Breed:	Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your dog micro-chipped? <input type="checkbox"/> No <input type="checkbox"/> Yes: If yes, give brand & ID #:	
Animal's Lifestyle? <input type="checkbox"/> Active <input type="checkbox"/> Moderately Active <input type="checkbox"/> Moderately Sedentary <input type="checkbox"/> Sedentary	
Is this dog ever boarded at kennels? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, how often?)	
What activities do you do with this dog that might expose it to other animals? <input type="checkbox"/> Dog Shows <input type="checkbox"/> Dog Parks <input type="checkbox"/> Other (explain)	
Do you consider your dog to be overweight? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, are working on reducing your dogs weight? Please explain.)	

Veterinarian: Please complete the remainder of this form.

How long have you known the owner? _____ The dog? _____

Section 1: General Health of the Dog

Please rate the overall health of this dog:

- Excellent (No serious chronic diseases or disorders)
- Very Good (Minor complaints only)
- Good (Chronic conditions with occasional flare-ups, controlled with treatments)
- Poor (Serious chronic condition(s) requiring on-going treatment)

Notes:

<p>Vital Signs:</p> <p>Pulse: _____</p> <p>Temperature: _____</p> <p>Respiration: _____</p> <p>Weight: _____</p>	<p>Medications:</p>
<p>How often do you see this dog?</p> <ul style="list-style-type: none"> <input type="checkbox"/> At least annually <input type="checkbox"/> Wellness program <input type="checkbox"/> Only when ill or injured <input type="checkbox"/> Every _____ months 	<p>Other:</p>

Section 2: General Systems Evaluation

Please note any abnormal issues and comment on findings. Note any physical problems that might put the dog at risk while working in crisis response.

System	Normal	Abnormal	Findings/Comments
General Appearance			
Skin/Coat			
Musculo-Skeletal			
Heart/Lungs			
Digestive			
Urogenital			
Eyes/Ears			
Nervous			
Lymphatic			
Mucous Membranes			
Teeth/Mouth			

Notes:

Section 3: Vaccinations

HOPE AACR believes that the veterinarian and the dog's owner are in the best position to decide what types of tests and immunizations are appropriate for the animal to participate in crisis response work. Rabies immunizations are required for all dogs as prescribed by state laws. Please list all other vaccinations given, and/or titers tests run with their results. *You may attach a separate vaccination record in lieu of completing this section.*

Vaccination	Expiration Date	Test	Results

Section 4: Parasite Control

External parasite control will vary from depending on your geographic area of the country. Please indicate:

Parasite(s) controlled for: _____

Method(s) of control: _____

Internal parasite control will have some variation depending on your geographic area of the country. HOPE AACR ***requires*** annual fecal tests to check for internal parasites. Annual tests are ***required*** even if you dog is on preventative medications.

Date of last fecal exam: _____

Results: _____ (*Negative result required for completion*)

Section 5: Overall Assessment

In your professional judgment, is this suitable for animal-assisted crisis response in terms of its health?

Yes No If no, please explain:

Signature of DVM: _____

Date: _____

Address: _____

Phone: _____
