

HOPE ANIMAL-ASSISTED CRISIS RESPONSE CANINE HEALTH RECORD

To be completed by owner

Owner's Name:	Date:				
Dog's Name:	Sex: M F				
Breed:	Spayed/Neutered? Yes No				
Is your dog micro-chipped? \(\subseteq \text{No} \subseteq \text{Yes} \text{ If yes,} \)	give brand & ID #:				
Dog's Lifestyle?					
Is this dog ever boarded at kennels? No Yes (If Yes, how often?)					
What activities do you do with this dog that might expose it to other animals? Dog Shows Dog Parks Other (explain)					
Do you consider your dog to be overweight? No Yes (If Yes, are you working on reducing your dog's weight? Please explain.)					
Veterinarian: Please complete the remainder of this form. Please consider completing this form free of charge due to the expenses the owner incurs to volunteer with HOPE.					
How long have you known the owner? The dog?					
Section 1: General Health of the Dog					
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Please rate the overall health of this dog: Excellent (No serious chronic diseases or Very Good (Minor complaints only) Good (Chronic conditions with occasional)	l flare-ups, controlled with treatments)				
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Please rate the overall health of this dog: Excellent (No serious chronic diseases or Very Good (Minor complaints only) Good (Chronic conditions with occasiona Poor (Serious chronic condition(s) require Notes: Vital Signs: Pulse: Temperature: Respiration: Weight: How often do you see this dog? At least annually	l flare-ups, controlled with treatments) ng on-going treatment) Medications:				
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Section 2: General	Systems Ev	aluation					
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							
Musculoskeletal							
Heart/Lungs							
Digestive							
Urogenital							
Eyes/Ears							
Nervous							
Lymphatic							
Mucous Membranes							
Teeth/Mouth							
Notes:							
Section 3: Vaccina	tions						
what types of tests and response work. Rabies vaccinations given, an	d immunizations immunizations immunizated of titers test	ons are approptions are requests run with the	the dog's owner are in the best position to decide priate for the animal to participate in crisis nired for all dogs. Please list all other eir results. record in lieu of completing this section.				

Owner's Name:_____ Dog's Name:_____

Vaccination

Rabies

Expiration Date

Test

Results

Owner's Na	ame:		Dog	gs Name:		
					<u></u>	
Section 4:	Parasite Co	ontrol				
			nding on vour	aranhic at	rea. Please indicate	
Externar par	rasite common	Will vary ucper	lallig on your e	36081apine ai	ied. Flease maicace	·
Parasite(s)	controlled for	*				
Method(s)	of control:					
					ır geographic area o	
country. HO	OPE AACR <u>re</u>	<i>equires</i> annual :	fecal tests to ch	heck for inter	rnal parasites. Annu	
<i>required</i> ev	en if the dog	is on preventati	ive medications	S.		1
Date of l	last fecal exar	m:				
Daculter			(Negativ	· · · · · · · · · · · · · · · · · · ·	uired for completion	1
Resums.			(Iveguur	e resuu reyu	игеа јог сотрыны	<i>n)</i>
Section 5:	Overall Ass	sessment				
Civen the	sotivity lev	al and travel	associated wi	ith this wor	k, in your profes	ssional judgment
	-	for animal-as			K, III your proces	Sivilai juugiisiis
		o, please explain		Cop ==		
<u> </u>	110 11 110), picase expian	11.			
C' tramp o	CDVAA.			D.	•	
Signature of	f DVM:			D	ate:	
Address:				Ph	hone:	
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