



## HOPE ANIMAL-ASSISTED CRISIS RESPONSE CANINE HEALTH RECORD

*To be completed by owner*

Owner's Name:	Date:
Dog's 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 #:	
Dog'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 you working on reducing your dog's weight? Please explain.)	

<b>Veterinarian: Please complete the remainder of this form. <i>Please consider completing this form free of charge due to the expenses the owner incurs to volunteer with HOPE.</i></b>	
How long have you known the owner? _____ The dog? _____	
<b>Section 1: General Health of the Dog</b>	
Please rate the overall health of this dog: <input type="checkbox"/> Excellent (No serious chronic diseases or disorders) <input type="checkbox"/> Very Good (Minor complaints only) <input type="checkbox"/> Good (Chronic conditions with occasional flare-ups, controlled with treatments) <input type="checkbox"/> Poor (Serious chronic condition(s) requiring on-going treatment)	
Notes:	
Vital Signs: Pulse: _____ Temperature: _____ Respiration: _____ Weight: _____	Medications:
How often do you see this dog? <input type="checkbox"/> At least annually <input type="checkbox"/> Wellness program <input type="checkbox"/> Only when ill or injured <input type="checkbox"/> Every _____ months	Other:

Owner's Name: \_\_\_\_\_ Dog's Name: \_\_\_\_\_

<b>Section 2: General Systems Evaluation</b>			
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.			
<b>System</b>	<b>Normal</b>	<b>Abnormal</b>	<b>Findings/Comments</b>
General Appearance			
Skin/Coat			
Musculoskeletal			
Heart/Lungs			
Digestive			
Urogenital			
Eyes/Ears			
Nervous			
Lymphatic			
Mucous Membranes			
Teeth/Mouth			
Notes:			

<b>Section 3: Vaccinations</b>			
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. <b>Rabies immunizations are required for all dogs.</b> Please list all other vaccinations given, and/or titers tests run with their results. <i>Veterinarian may attach a separate vaccination record in lieu of completing this section.</i>			
<b>Vaccination</b>	<b>Expiration Date</b>	<b>Test</b>	<b>Results</b>
<b>Rabies</b>			

