

**DOGTORS**  
**Animal-Assisted Therapy**  
**Vet / Pet healthcare form**

Team Hours \_\_\_\_\_

PET NAME: \_\_\_\_\_ RABIES TAG #: \_\_\_\_\_  
 SPECIES / BREED: \_\_\_\_\_ AGE \_\_\_\_\_  
 OWNER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY / STATE / ZIP: \_\_\_\_\_  
 PHONE(S): \_\_\_\_\_

***DVM: An office printout showing current medications can be submitted in lieu of duplicating the following information.***

***DOGTORS requires all mandated inoculations plus Bordetella.***

VACCINATIONS			
DATE GIVEN	TYPE	MANUFACTURER	LOT / BATCH

***DOGTORS requires year-round Flea and Heartworm and seasonal Tick control. Please list any other meds and reason(s).***

Heartworm / Flea / Tick / Other medications	

***Additional requirements:***

Annual Fecal	Please Circle: <b>NEG</b> <b>POS</b>	DVM initial
Biennial Heartworm	Date last tested: <b>TODAY</b>	DVM initial



**OPINION of DVM:** Are you aware of any bite history or any conditions, physical or behavioral, which would indicate this animal should not work Animal-Assisted Therapy?  
 If **NO**, PLEASE INITIAL: \_\_\_\_\_ (If **YES**, please explain on back)

DVM Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Stamp:

***Team: Make copies for you and mail original to:***  
**DOGTORS AAT**  
**4033 Spfld-Xenia Rd.**  
**Springfield, OH 45506**