



the good dog foundation dogs helping humans heal

**THE GOOD DOG FOUNDATION  
VETERINARY MEDICAL EVALUATION**

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

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Breed: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

Weight: \_\_\_\_\_ Coat color: \_\_\_\_\_

Veterinary Clinic: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Attending veterinarian: \_\_\_\_\_  
\_\_\_\_\_

The Good Dog Foundation complies with state laws regarding vaccinations. We understand that this animal's veterinarian is in the best position to prescribe other vaccinations or titers that will ensure the animal's immunity and safety in a health care facility and will ensure client health and safety.

**Vaccination:**

**Expiration Date**

Rabies (State Law): \_\_\_\_\_

Other (Please list): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The Good Dog Foundation requires an annual stool sample even for dogs on heartworm and tick prevention.**

Date of most recent stool sample (must be within the last six months) \_\_\_\_\_ Result \_\_\_\_\_

Is the dog on heartworm preventative? \_\_\_\_\_

Is the dog on an appropriate tick prevention regime? \_\_\_\_\_

**Are you or the owner aware of any current medical problems?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recently noticed:** Diarrhea \_\_\_ Scratching \_\_\_ Vomiting \_\_\_  
Frequent urination \_\_\_ Coughing \_\_\_ Sneezing \_\_\_ Open sores \_\_\_  
Runny eyes \_\_\_ Runny nose \_\_\_ External parasites \_\_\_ Anorexia \_\_\_ Lethargy \_\_\_

**Please examine the following:** (make any comments you deem necessary)

N	Abn	Comments
___	___	General condition/cleanliness _____
___	___	Nails _____
___	___	Coat _____
___	___	Integument _____
___	___	Ears _____
___	___	Eyes _____
___	___	Nose _____
___	___	Oral cavity _____
___	___	Lymph nodes _____
___	___	Urogenital _____
___	___	Auscultation _____
___	___	Abdominal Palpation _____
___	___	Temperature _____

**Additional comments:**

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**Do you feel that this dog should participate in Therapy Dog Services in healthcare facilities (keeping in mind the health of the dog and that of the hospital patients and staff)?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Yes, with the following concerns addressed:**

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**Veterinarian's name (Please print):** \_\_\_\_\_

**Veterinarian's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please mail or fax this form to the trainer in your area. If you do not have your trainer's contact information, please call the Good Dog office at (718) 788-2988. Please keep a copy of this report for your records.**

**Good Dog requires an annual veterinary exam reported on a Good Dog veterinary form for every certified Good Dog. This report must be turned in within 12 months from the date of the last veterinary report. Please call the Good Dog office at (718) 788-2988 if your veterinarian has any questions about completing this report. Thank you and happy Good Dog visiting!**