

Veterinarian's Report

As indicated by my signature below, I grant permission for the below named veterinarian to release the information requested on this form.

Client's Printed Name

Signature

Date

Name of clinic: _____

Address: _____

Phone: _____

Veterinarian's Name: _____

Dog's Name: _____ Breed: _____

Age: _____ Gender: _____ **Spayed / Neutered?** ___ Yes ___ No

If yes, date (if known): _____ / Verified by tattoo? ___ Y ___ N

(Mandatory – In order to take the Public Access Test, the animal must spayed / neutered by the age recommended by Veterinarian, or at 18 months).

The exams / vaccinations (or titer tests) listed below are required.

Please list the most current dates of the following vaccinations:

Basic Eye Exam: _____

Internal Parasite Check: _____

Rabies: _____

Bordatella: _____

Parainfluenza: _____

Parvo: _____

Distemper: _____

Hepatitis: _____

General physical health and appearance: Excellent Good Poor

Explanation if needed

Any pre-existing or current chronic conditions? Yes No

Explanation if needed

General mental health & willingness to be handled and examined:

Explanation if needed

Is dog on heartworm preventative? Yes No

Brand: _____

Is dog on flea and tick preventative? Yes No

Brand: _____

Has dog ever attempted to bite you or any of your staff? Yes No

If yes, please give date(s) and describe the circumstances:

If intended to be a Service Dog, this dog must be individually trained to do work or perform tasks for the benefit of an individual with a disability.

He / she must be physically capable of performing these tasks and of tolerating certain conditions depending on the owner's individual needs.

Some examples of possible tasks or conditions include:

- Retrieving (no mouth or teeth problems);
 - Walking on hard/slippery surfaces to accompany owner shopping;
 - Climbing / jumping into cars or onto buses without assistance;
 - Bracing & balance work – wearing a harness, assisting owner to rise from the floor, chairs, etc. (no hip, knee, wrist or other joint defects/dysplasia)
- Are there any signs/symptoms of joint problems/defects? Yes No

If yes, please explain: _____

If intended to be a Service Dog, does this dog have any other issues that you know of that may impact its ability to work as a Service Dog? Yes No

If yes, please explain: _____

Veterinarian's License Number: _____ State: _____

Veterinarian's Signature

Date

Please give the completed form to your client or mail it to:

Southern Oregon Service Dog Training
PO Box 0000
Roseburg, OR 97470-0000