

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		
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: NEG POS	DVM initial
Biennial Heartworm	Date last tested: TODAY	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 in 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