

CANINE LINK, INC.

THERAPY DOG VETERINARY EVALUATION

Canine Link, Inc. is a New York not-for-profit corporation whose primary purpose is the provision of therapy dog services to schools, health facilities and other institutions.

Canine Link, Inc. ("**Link**") requires initial certification and annual recertification of each Link therapy dog's suitability for therapy work, including an evaluation of the dog's health by the dog's veterinarian on this form. Please provide the information requested under "**OWNER AND DOG**" below and sign and date in the space provided and have your dog's veterinarian provide the information and sign and date in the space provided under "**VETERINARIAN AND EXAMINATION RESULTS**" below. If there are any questions regarding completion of this form, please call Link at (855) 595-4651. You must submit this completed and signed form as a condition to certification and, if for a recertification, at least one month before expiration of your dog's current certification. Please mail the completed and signed form to Canine Link at PO Box 214, South Egremont, MA,01258 or scan it as a PDF and email it to Link at caninelinktherapydogs@gmail.com. Please do not submit it more than once unless requested.

PLEASE be sure to keep a copy of this completed form for your own records and be sure to bring a copy with you on every visit to any facility as a Link volunteer with your dog, as you may be asked to show evidence of your dog's health.

OWNER AND DOG

Owner's Name (please print): _____ Mailing Address: _____

Telephone: (____) ____-____ FAX: (____) ____-____ Cell phone: (____) ____-____

Email: _____

Dog's Name (call name, not AKC or other registry name): _____

Breed (if not known, best guess as to mix): _____

Male: __ Female: __ Spayed/Neutered: __ Yes __ No Date of birth: _____ Weight: ____

My dog described above is currently protected from fleas and ticks by an appropriate repellent or other parasite control regime and I use it in accordance with the manufacturer's or my veterinarian's instructions. I am not aware of any unresolved medical or behavioral problems that should be a source of concern if my dog were to serve as a therapy dog in a school, hospital or other institution.

Owner's signature: _____ Date: _____

VETERINARIAN AND EXAMINATION RESULTS

Examining Veterinarian: Please complete the following and sign and date this form in the space below; Link thanks you for your cooperation.

Name of clinic/hospital: _____ Stamp/Imprint: _____

Examining Veterinarian (please print): _____ License #: _____

Mailing Address: _____ Telephone: () ____-____ FAX: (____) ____-____

Email: _____

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THERAPY DOG VETERINARY EVALUATION

Owner's Name (please print): _____

Dog's Name (call name, not AKC or other registry name): _____

Most recent rabies vaccination (current vaccination required): _____ Expires: _____

Most recent bordetella vaccination (current vaccination required): _____ Expires: _____

Most recent fecal tests (required thirty (30) days): _____

Results: Negative Positive (if positive, please describe and comment):

Please list any other current vaccinations below:

<u>Vaccination</u>	<u>Date</u>	<u>Expiration Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please make an overall physical examination of the dog, including ears, eyes, nose and throat, integument, auscultation, abdominal palpation, urogenital and lymph nodes. Please state if your examination revealed anything that would be a source of concern if the dog were to serve as a therapy dog in a school, hospital or other institution, such as fever, open sores, diarrhea, vomiting, coughing or sneezing, ticks, fleas or other external parasites, dermatitis, otitis or seizure or other neurological disorder and, if so, whether the concern has been resolved:

Is the dog generally in good health and well-groomed with appropriately trimmed nails?

Yes No Comments: _____

Examining Veterinarian's Signature: _____ Date: _____