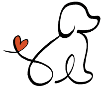

Certified Therapy Dogs of America

Certified Therapy Dogs of America Dog Health Form

Handler name:____

Handler email:_________________ Handler phone number:____________________

Dog name:____________________________ Dog Breed:______________________

Dog Date of Birth:__________________

Veterinary Name:_______________________________ Phone #:_________________

Veterinary Address:____

Veterinary City, State, And Zip:____

Veterinarian Information

Date of annual wellness check:_____________________

Date of most current negative fecal check:_________________

Date of most current rabies vaccination:___________________

How many years is rabies vaccination valid:___________________

If you agree to the following statement, sign below:

The dog has been examined by this clinic, and it is believed that the dog is healthy.

Veterinarian Signature:________________________ Date:_______________________

Terms:
If any vaccinations or checks are expired, then the form is expired.

Certified Therapy Dogs of America
1442 Aaron Crt, Ste. B
Jefferson City, MO 65101
573-257-CTDA
ctdogs.org