

Therapeutic Dog Services Incorporated

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Dog Health Screening Form

To be completed by a veterinarian in the presence of the owner

Applicants Name: _____

Address: _____

Phone: _____

Dogs Name: _____ Breed: _____

Age: _____ Entire/Intact Neutered

Are you the dog's personal veterinarian? Yes No

How Frequently do you see this dog? Regular Wellness Program Only when ill/required

Current Vaccination Details:

Certified up to date and administered on _____ Maximum (C5)

Next Vaccination Due on: _____

Parasite Program:

1: External: (Fleas, ticks etc) is parasite control used? Yes No

Control/Preventative used: _____

2: Internal (Interna worms, heartworm, etc.) is parasite control used? Yes No

Control/Preventative used: _____

Reaction to Examination

Please evaluate the dog's reaction to being handled and examined.

Tick the column marked "Accepts Handling" if the dog remains calm or the "Dislikes Handling" column if the dog becomes aggressive, resentful, or excessively fearful.

Note any physical problems which may put the dog at risk (e.g.: arthritis or painful ear infection)

EXAMINATION	Accepts Handling	Dislikes Handling
1: Eye (lids, conjunctivitis, cornea)		
2: Ears (appearance, discharge, mites, odour)		
3: Nose (appearance, discharge, mites, odour)		
4: Mouth/Throat (breath, teeth, gingival)		
5: Head and Neck (manipulation)		
6: Withers and Back (deformities, swelling, tenderness)		
7: Thorax (shape, auscultation)		
8: Abdomen (tension, tenderness, sensitivity to palpation)		
9: Mammary glands and genitalia (sensitivity to palpation)		
10: Leg & Feet (tenderness, joint movement, sensitivity to?)		
11: Palpation between pads and toenail trimming		
12: Locomotion (gait, lameness, paresis)		
13: Skin (colour, odour, hair, coat)		
14: Tail (anal sacs, sensitivity to manipulation)		

General Health of this dog?

- Excellent - no chronic disease or disorder
- Very Good - Minor complaints associated with normal aging
- Good - Chronic condition resulting in occasional flare-ups
- Poor - chronic illness requiring on-going treatment

Any other Information:

MUST BE AUTHORISED. THANK YOU.

Date of Examination:
Veterinarian Examiner:
Address:
Phone:
Signature: