

HABIC - Colorado State University – School of Social Work – 1586 Campus Delivery – Fort Collins, CO 80523

**Email**: HABIC@colostate.edu **Phone**: 970-491-2776 **Fax**: 970-491-1713

# Medical Evaluation Form for Dogs

### Please fill out a separate form for each pet

Owner’s Name:

Cell Phone:

Home Phone:

Mailing Address:

Pet’s Name:

Date of Birth:

Sex: [ ]  Female [ ]  Male

[ ]  Neutered [ ]  Spayed

Type of Pet:

Breed:

Color:

 Weight:

## Clinic Information:

Veterinary Clinic:

Veterinarian:

 Time with clinic:

Clinic Telephone:

Mailing Address:

### To Be Completed by Veterinarian:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vaccine** | **Date Given**  | **Next Due** | **Date of Titer** | **Tag #** |
| **Rabies (REQUIRED)** |  |  |  |  |
| **Distemper** |  |  |  |  |
| **Adenovirus 2** |  |  |  |  |
| **Parvovirus** |  |  |  |  |
| **Leptospirosis (REQUIRED)** |  |  |  |  |
| **Bordetella (Optional)** |  |  |  |  |

Rabies and Leptospirosis vaccinations are **REQUIRED,** DA2PP vaccination is not required, however titers must be provided in place of vaccination.

**Vaccination Schedule may be determined by individual vet.**

**Annual Wellness Exam – Date Performed (REQUIRED):**

**Annual Fecal Exam – Date Performed (REQUIRED):**

**Results**:

**Date of Last Heartworm Test**:

Results:

 *(Heartworm testing is not required by HABIC, however we recommend testing for your dog’s protection)*

Is this dog on heartworm prevention (highly recommended)? [ ]  Yes [ ]  No

**In order to reduce the risk of zoonotic transmission of disease to our clients, please answer the following questions:**

*Has this animal ever been diagnosed and/or treated for any of the following:*

Campylobacteriosis [ ]  Yes [ ]  No

Canine brucellosis [ ]  Yes [ ]  No

Cutaneous dermatophytes [ ]  Yes [ ]  No

Salmonellosis [ ]  Yes [ ]  No

Leptospirosis [ ]  Yes [ ]  No

Sarcoptic Mange [ ]  Yes [ ]  No

Has this dog/cat ever been diagnosed as having a Staphylococcus or other bacterial infection which was resistant to multiple antibiotics? [ ]  Yes [ ]  No If yes, which organisms?

Has this dog ever been diagnosed as having a nematode infestation which could cause larval migraines in people? [ ]  Yes [ ]  No

If yes, was successful treatment implemented for this infestation? [ ]  Yes [ ]  No

Has this dog ever been diagnosed with Cryptosporidium? [ ]  Yes [ ]  No

Has this dog ever been diagnosed with Giardiasis parasites? [ ]  Yes [ ]  No

If yes, was treatment successful for this animal? [ ]  Yes [ ]  No

If this dog has been diagnosed with Giardia previously, has a fecal/Giardia test been performed and tested negative for Giardiasis? [ ]  Yes [ ]  No

Has this dog routinely had problems with fleas or ticks? [ ]  Yes [ ]  No

If yes, is flea/tick preventative being used? [ ]  Yes [ ]  No

Does this dog have access to run freely in an area where prairie dog colonies are present? [ ]  Yes [ ]  No

If yes, is this dog on topical and/or oral flea control products to prevent flea infestation? [ ]  Yes [ ]  No

To your knowledge, has this dog ever bitten anyone? [ ]  Yes [ ]  No

**HABIC volunteers and their pets generally visit two types of groups. Active groups are usually children and adolescents who may play games and run with the animals. Passive groups are usually adults/elderly who enjoy just sitting with, holding, petting, or walking with the animals.**

**In your opinion,** does the animal described above have any medical condition that could be complicated or aggravated if they were to visit?

Active groups [ ]  Yes [ ]  No

Passive groups [ ]  Yes [ ]  No

If yes to either of the above, please explain:

Has this animal exhibited any aversion toward any type of person (e.g., male vs. female, children vs. adults, black vs. white, physically impaired, etc.?) [ ]  Yes [ ]  No

Behaviorally, do you feel it would be inappropriate for this pet to visit any particular types of people? (This does not take the place of a separate behavioral evaluation but is requested in order to add to the behavioral profile of the pet). [ ]  Yes [ ]  No

If yes, Please explain:

Do you have any age-related concerns about this animal? [ ]  Yes [ ]  No

If so, why?

Please share any additional comments or concerns (including any reasons for exempt vaccines):

**Veterinarian’s Signature:**

**Date:**

This record will be available to the owner, his/her veterinarian, and authorized HABIC personnel including facility contact staff who have requested copies of the animal’s records.

Thank you for your assistance. Contact HABIC at 970-491-2776 with questions.

Please return as soon as possible to: HABIC@colostate.edu

HABIC – CSU School of Social Work

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