

Therapy Dog Vital Information

1. Therapy Dog Owner _____
2. Therapy Dog Handler(S) _____
3. Therapy Dog Name _____
4. School Building Therapy Dog will be used in _____
5. Therapy and Dog Handler's Certification Date _____
6. Name of Organization Certifying Therapy dog _____
7. Emergency Contact Person and Phone for Therapy Dog
 - a. Name _____ Number _____
 - b. Name _____ Number _____
8. Therapy Dogs Veterinarian _____
9. Veterinarian Contact Information _____
10. Therapy Dogs Date of Birth _____
11. Date of Last Annual Health Check _____
12. Date of Annual Worm Check _____
13. Rabies Vaccination Date _____
14. Parvo/Distemper Vaccination Date _____

Verification that preventive parasite control (fleas and ticks) as well as heartworm medication is given year-round.

Owner's Signature

Date

Veterinarian's Signature

Date

Administrator's Signature

Date