Veterinarian’s Report

I give my permission for the below named veterinarian to release the information requested in this form.

____________________________________________ ______________________
Signature      Date

Dog’s Name: ____________________________ Breed: _______________________________
Age: _______ Sex: _______ Spayed/Neutered (date) ____________________ (Mandatory – you
must spay/neuter by the age recommended by your Vet or 18 months to take the Public Access Test).

Dates of the following: Because the dogs will be exposed to other animals and public locations, all of
these vaccinations/exams are mandatory.
Basic Eye Exam: ____________ Internal Parasite Check: _________ Rabies: ____________
Bordatella: _________________ Parainfluenza: _________________ Parvo: ____________
Distemper: _________________ Hepatitis: _______________________

General physical health: ______________________________________________________________
Any chronic conditions? ______________________________________________________________
Mental health & willingness to be handled and examined: _________________________________
Has dog ever attempted to bite you or any of your staff? Yes ____ No ____
If so, please describe the circumstances: ______________________________________________

Service Dogs must be individually trained to do work or perform tasks for the benefit of an individual
with a disability. They must be physically capable of performing these tasks and of tolerating certain
conditions depending on the owner’s individual needs. Examples of possible tasks/conditions are:

- Retrieving (no mouth or teeth problems);
- Walking on hard/slippery surfaces to accompany owner shopping;
- Climbing into cars or onto buses without help;
- Bracing & balance work – wearing a harness, assisting owner to rise from the floor, chairs, etc. (no
  hip, knee, wrist or other joint defects/dysplasia)
Does this dog have any signs/symptoms of joint problems/defects? _________________________

Does this dog have any other issues that you are aware of that may impact its ability to work as a Service Dog? ______________________________________________________________________________

____________________________________________________________________________________

Veterinarian Name: ______________________________ Date: ________________________________

Veterinarian Signature: ___________________________ Clinic: _______________________________

Address: _______________________________________ Phone: _______________________________