



Triple Crown Pawsitivity



TCP Health Screening Please complete this section for review with your veterinarian.

Handler's Name : _____ Date: _____

Animal's Name: _____ Male _____ Female _____

Breed: _____ Intact _____ Altered _____

Animal's Lifestyle Sedentary _____ Active: _____ Moderately Active: _____

What activities do you do with your animal that exposes it to other animals? _____

Does your animal spend time outdoors other than routine walks, playtime, or potty times? _____

Veterinarian: Please complete the remainder of this form. All sections of the form must be completed, and the form must be signed and dated. Assessment of the animal's health should be no more than four (4) months prior to completion of form.

How long have you known the handler? _____

How long have you known the animal? _____

Does this animal need to be muzzled or sedated for veterinary examination? _____

General Health and Appearance

The overall health of this animal

Is (select one):

_____ Excellent' no serious chronic conditions

_____ Very good; minor issues associated with
Normal aging

_____ Good; chronic conditions with occasional
Flareups

_____ Poor; serious conditions requiring
Ongoing treatment

Vital Signs:

Pulse: _____

Temperature: _____

Respiration: _____

Weight: _____

Medications:

How often do you see this animal? _____ Annually
 _____ Wellness Program
 _____ Only when injured or ill
 _____ Every _____ months

Vaccinations

Animals that are registered Canines for Therapy teams must be healthy, clean, properly maintained and free from disease that could cause problems for immune-compromised patients in facilities visited. Triple Crown Pawsitivity defers to the licensed veterinarian caring for the animal in regard to the appropriate vaccinations for an animal. Rabies immunizations, or other immunizations required by state or local law must be provided and documented as per the law.

Rabies (State law) _____ Expiration Date: _____

Other _____

General Body Systems

Please note any physical problems or abnormalities that may put the animal at risk while on visits.

System	Normal	Abnormal	Comments
General Appearance	_____	_____	_____
Skin/Coat	_____	_____	_____
Skeletal-muscular	_____	_____	_____
Heart/Lungs	_____	_____	_____
Digestive	_____	_____	_____
Urogenital	_____	_____	_____
Eyes/Ears	_____	_____	_____
Nervous	_____	_____	_____
Lymph Nodes	_____	_____	_____
Mucous Membranes	_____	_____	_____
Teeth/Mouth	_____	_____	_____

Parasite control (Specific to geographic location)

Parasite Controlled for and method of control: _____

Internal parasite evaluation: Must be within _____ Date of last fecal exam: _____
 Last 6 months of assessment date and completed
 Annually thereafter. Result must be negative Result: _____
 For completion of registration.

In my professional judgement, this animal is in sound physical condition to participate as a Triple Crown Pawsitivity team member: _____ Yes _____ No

If no why:

Do you think this dog has the personality for therapy work? _____ Yes _____ No

If no, why?

Address: _____

Telephone: _____

Date Completed: _____

Name of Veterinary Hospital: _____

Name of Veterinarian: _____

Signature: _____