

ANIMAL HEALTH SCREENING: Animal Health Criteria Form for ALL SPECIES

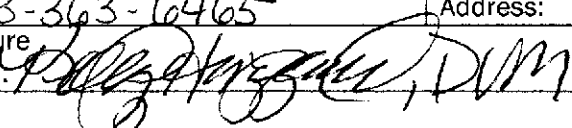
Pet Partners Therapy Animal Program is a national program that trains, evaluates and registers volunteers and their pets for visiting people in nursing homes, hospitals, schools, and other institutions. To be eligible to participate in our program, all animals must be examined by a licensed veterinarian and pass the health screening. It is important to consider that visiting animals may both be exposed to infectious agents because they visit people in healthcare facilities and be a potential source of infectious agents for the people they visit. As the animal's veterinarian, you are the best person to render the overall opinion of the animal's health. If this animal has received an annual exam within the last 12 months, this form may be completed without another full examination.

Animal Owner's Name Judi James	Animal's Name Emmy
Animal's Species/Breed Eng Springer Spaniel	Animal's Age 7

Based on my examination, this animal meets the health criteria listed below:

- ✓ This animal is current on rabies vaccinations. Animals exempted from this requirement include: rabbits, guinea pigs, rats and birds.
- ✓ This animal is free of internal and external parasites at the time of examination.
- ✓ This animal does not eat a raw protein diet or treats to my knowledge.
- ✓ This animal does not display any signs consistent with an infectious disease at the time of examination.
- ✓ If this animal has a condition, it is under control using a prescribed medication. Please note: Animals currently taking antibiotics, antifungals, or immunosuppressive medications are not able to participate.
- ✓ If this animal has a disability, it can still participate fully with accommodations. Please include suggested accommodations below.

I certify that this animal meets all the health criteria outlined by Pet Partners. Provide this completed form to the handler to submit to Pet Partners.

DVM Name: Kelly Hazzard, DVM	
Clinic Name: Whole Pet Vet Care	
Clinic Website: www.wholepetvetcare.com	
Clinic Address: 340 Leslie St SE Salem, OR 97301	
Phone #: 503-363-6465	Email Address: info@wholepetvetcare.com
Signature of DVM: 	Examination Date: 02/09/2018

Please don't hesitate to contact our Program Operations staff at 425.679.5530 or operations@petpartners.org if you have any questions.