

Bright Spot Therapy Dogs™

Veterinary Health Certificate

For Renewal 2024-2025

VOLUNTEER: Please fill out the top portion and have your veterinarian fill out the bottom portion. **Keep a copy of this form for your files and mail the original - along with your renewal fee and volunteer location form - to:**

*Bright Spot, c/o Kevin Russell
686 Westhampton Road
Florence, MA 01062*

TO BE FILLED IN BY VOLUNTEER:

Dog's name: _____

Breed: _____ Age: _____

This dog is owned by: _____

Name of owner

Street _____ City/Town _____ State _____ Zip Code _____

This dog receives:

- Year-Round Monthly Heartworm preventative
- Treatment with Heartworm preventative April through November and an annual blood test for heart worm.
- I have read the Bright Spot Handbook and agree to the policies and procedures contained therein.**

TO BE FILLED IN BY VETERINARIAN

Thank you for your time in filling out this form. It is very important that Bright Spot Volunteers have this in their file. It is a requirement for membership in our organization.

1. This will certify that I have examined the adult dog named above on: _____

2. This dog is in good health and to the best of my knowledge free of fleas, acute disease and ectoparasites.

3. The stool sample taken on _____ was normal and negative for enteric pathogens.

4. Blood test for Heartworm was taken on: _____

5. This dog is up to date on all rabies vaccinations.

Does this dog have any **medical conditions** (ex. seizures) that would affect his/her ability to do therapy visits?

___ Yes ___ No. If yes, explain: _____

Signature of Veterinarian

Date