

Bright Spot Therapy Dogs, Inc.

Veterinary Health Form

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 to:

Bright Spot Therapy Dogs, c/o Kevin Russell • 686 Westhampton Road • Florence, MA 01062

TO BE FILLED IN BY VOLUNTEER:

☐ New Member ☐ Renewing Member Renewing Year: _____

Dog's name: _____

Breed: _____ Age: _____

This dog is owned by: _____

Street _____ City/Town _____ State _____ Zip Code _____

Email: _____

This dog receives:

☐ Year-Round Monthly heartworm preventative

☐ Treatment with heartworm preventative April through November and an annual blood test for heartworm.

☐ I have read the Bright Spot Handbook and agree to the policies and procedures contained therein.

☐ I give and grant consent to the use of photographs of myself and my dog for purposes of promoting and/or furthering the charitable, not for profit, objectives of Bright Spot Therapy Dogs, Inc.

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?

____ No ____ Yes. If yes, explain: _____

Signature of Veterinarian _____ Date _____