



## Warm Hearts Network

### Veterinary Screening for Pet Therapy Registration

The person whose name is identified below is applying to the Warm Hearts Network for a two-year registration to participate in therapy-dog activities in facilities in New Mexico. Please complete the following information as a required portion of this process and return the form to the handler. If you have additional information you would like to submit, please use the back of the page, or add an extra sheet of paper.

Test date will be \_\_\_\_\_ (filled in by initial screener)

Owner's Name \_\_\_\_\_ Dog's Name \_\_\_\_\_

Types/Dates of Vaccinations:

Rabies \_\_\_\_\_ Expiration \_\_\_\_\_  
Others (list) \_\_\_\_\_ Date \_\_\_\_\_

Types/Dates of Tests:

Fecal/Result \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** Fecal test must have been within the 6 months prior to Test Date above

Test/Result \_\_\_\_\_

Vital Signs: Pulse \_\_\_\_\_ Respiration \_\_\_\_\_ Temperature \_\_\_\_\_ Weight \_\_\_\_\_

Medications/Reasons:

How long have you known the owner? \_\_\_\_\_ the dog? \_\_\_\_\_

Describe any health or behavioral issues that will play a role in where this dog will be placed (i.e., bad knees, so cannot jump; timid and should not be in a noisy, bustling atmosphere; painful areas that should not be touched; etc.)

The overall health of the dog is

- \_\_\_\_\_ Excellent - No serious chronic diseases or disorders
- \_\_\_\_\_ Very Good – Minor complaint(s) associated with normal aging
- \_\_\_\_\_ Good – Chronic condition(s) with occasional flare ups
- \_\_\_\_\_ Poor – Serious chronic condition(s) requiring ongoing treatment

How often do you see this dog?

- \_\_\_\_\_ At least annually
- \_\_\_\_\_ Regularly as part of a wellness program
- \_\_\_\_\_ Only when ill or injured
- \_\_\_\_\_ Every \_\_\_\_\_ months

In your professional judgment, is this dog a good candidate for the WHN Program?

- \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Veterinary Office Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date