

III. General Health

Is this animal in generally good health and free of communicable disease?_____

Comments _____

IV. Overall Disposition/Observation

- aloof (maintains distance, stand-offish)
- apprehensive (nervous, fearful)
- calm (tranquil, not agitated)
- gentle (easily handled, appears tame)
- playful (licks hand, wants and initiates attention)
- responsive (enjoys and reacts appropriately to attention)
- trusting (easily approachable)
- willing to be handled (enjoys and accepts body contact)

Additional Comments _____

V. Clearance

I have examined _____ and he/she _____ (species)

This animal is in good health and appears to be temperamentally suited to participate in the PET THERAPY, INC. program. In general this animal should be acceptable as a visiting animal in nursing homes, and assisted living facilities.

All vaccinations are up-to-date and not due again until: _____ / _____
(date / veterinarian's initials)

I understand that this evaluation and examination is advisory and without legal liability.
The decision to include an animal in pet-facilitated programs rests with Pet Therapy, Inc.

Signed, Dr. _____ Date: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone #: _____

On behalf of Pet Therapy, Inc. and the elders in our community, we "THANK YOU" for your cooperation! Your help enables us to provide a first quality pet facilitated therapy program to give nursing home & assisted living facilities patients a pleasant stay and meaningful recovery.

We, and they appreciate your help!