

MEDICAL EVALUATION FORM

(Please complete a separate form for each pet)

Owners Name and Address			
Pets Name	Sex	Age	Neutered?
Veterinary Clinic		Telephone	
Address			
Date of last physical examination			
Problems noted, if any			
Has this pet ever had ...			
...a staphylococcus infection which was resistant to multiple antibiotics?		Yes	No
...a nematode infestation which could cause larva migrans?		Yes	No
...problems with external parasites? If yes, are they currently under control?		Yes	No
...contagious dermatitis? If yes, has successful treatment been completed?		Yes	No
To your knowledge, has this pet ever bitten anyone?		Yes	No
For dogs , has this pet maintained vaccination against distemper, hepatitis, leptospirosis, parainfluenza, parvovirus, and rabies?		Yes	No
For cats , has this pet been inoculated annually against pneumonitis, panleukopenia, rhinotracheitis, calcivirus, and rabies?		Yes	No
Additional Comments ...			
This record will be kept on file at TheraPet and will be available only to the owner, his/her veterinarian, and authorized TheraPet personnel. A copy of the vaccination record will be kept on file at the facility being visited.			
Signature			Date

TheraPet, Inc.™

P.O. Box 787, Clark, NJ 07066



Dear Doctor,

TheraPet, Inc., is an all-volunteer organization of pet owners who visit residents in nursing homes and rehabilitation hospitals with their pets. The pet before you has been nominated to participate and we need your help in evaluating that animal. The pets used in our program must be physically and mentally sound and current on all required immunizations.

We request that you complete this evaluation form and return it to us as soon as possible.

We welcome and encourage you to call us at **(732) 602-1112** if you have any questions or to recommend us to any of your other clients whose pets might be suitable.

Thank you for your time.

Please attach two (2) copies of the pet's vaccination record and return this form to:

TheraPet, Inc.
P.O. Box 787
Clark, New Jersey 07066