creature comfort
PET THERAPY
cold noses warming hearts

Pet Health Form *(filled out by Vet)*

Dear health care provider, this pet is applying to be a therapy animal to visit people in facilities, such as nursing homes and schools. Please complete this form and email it to Karen Clark at kclark@ccpettherapy.org (973-285-9083 ext. 202). Alternatively, complete this form online: ccpettherapy.org/pet-health-form

Veterinary Information

Practice Name:

Practice Phone Number:

Practice Email:

Veterinarian First and Last Name:

Veterinarian License Number:

Pet Information

Owner's First and Last Name:

Pet's Name:

Pet Breed:

Medical Information:

Dog, Cat

Date of last exam: _____

Due date of Rabies vaccine / titer: _____

Rabies tag number: _____

Due date of Distemper vaccine / titer: _____

Date of last fecal exam: _____

Horse

Date of last exam: _____

Due date of Rabies vaccine / titer: _____

Rabies tag number: _____

Due date of Coggins: _____

Goat

Date of last exam: _____

Due date of Rabies vaccine / titer: _____

Rabies tag number: _____

Due Date of Clostridial Vaccine (CDT): _____

Rabbit, Guinea Pig, Ferret

Date of last exam: _____

Other

Date of last exam: _____

Vaccinations given w/ date: _____

General Comments:

Signature of Veterinarian:

_____ Date: _____

I confirm that the details provided in this form accurately reflect the pet's medical history. Our practice has personally examined the pet listed above and can attest that it is in good physical and mental health and shows no signs of contagious illness.