

Canine Checklist for Private Veterinarian

Name of Owner: _____ **Name of Dog:** _____

Date of Examination: _____

This form (Sections **B & C**) must be completed by your private veterinarian to document medical clearance for dogs entering the UCLA People-Animal Connection (PAC) Program. There are three parts to your dog’s medical clearance: **A. Stool specimen analysis** (recommend UCLA’s analysis [low cost!!!], but may be done by own private veterinarian); **B. Vaccinations updated** (private veterinarian only); **C. Annual Exam** (veterinarian’s signature assuring dog’s well-being on letterhead or stamp/sign this form). A hard copy from your veterinarian must accompany this form.

The PAC Program is an animal-assisted therapy program that provides volunteer owner/dog team visits to hospitalized patients at their request.

A. Stool Specimens:	<u>Date Tested</u>	<u>Expiration</u>
1. Sugar flotation for worms (round, whip, hook), coccidian and small tapeworm	_____ NEG _____ POS _____	Annually _____
2. Smear for <i>Giardia (Elisa)</i>	_____ NEG _____ POS _____	Annually _____
3. Smear for Cryptosporidium	_____ NEG _____ POS _____	Annually _____

B. Health Record (Updated Vaccinations):	<u>Date of Last Inoculation</u>	<u>Expiration</u>
1. *DHPP (required every 3 years)	_____	36 mos. _____
2. Rabies (every 3 years)	_____	36 mos. _____

Comments: _____

*DHPP must be given (up to your vet) every one-three years. Some vets give (DHLPP) as an “all in one vaccine.”

C. Based on my examination, (dog’s name) “_____” is in excellent health, has a socially acceptable temperament for animal-assisted therapy, and is free of any communicable diseases to humans.*

Veterinarian’s _____

Signature

Date: _____

Date

VETERINARIAN OFFICE STAMP

Address: _____

Street
City
State
Zip Code

Phone No.: _____

**Please submit original test results on veterinarian letterhead or have your veterinarian complete this form with their office stamp. Thank you.*