



I, _____ give my consent for my veterinarian to release the requested information on this form. Signature: _____ Date: _____

Dog's Name: _____ Breed: _____

Dog's DOB: _____ Dog's Gender: Male Female Microchip # _____

Maine Paws for Veterans requires all dogs in our Psychiatric Dog Training Program be spayed/neutered. A dog in heat will not be allowed to participate in the in-person training class.

Is the dog spayed/neutered:

Yes, Date, if known: _____ No, at what age will it be done? _____

Date of last visit: _____ How long have you been treating the patient? _____

Psychiatric Service Dogs are individually trained to perform tasks for the benefit of an individual with a disability. They must be physically capable of performing these tasks and tolerate various conditions depending on the owner's needs. Each dog must pass a basic physical exam that includes the following:

Appearance: Normal Abnormal No Exam

Cardiovascular: Normal Abnormal No Exam

Neurological: Normal Abnormal No Exam

Nervous System: Normal Abnormal No Exam

Eyes: Normal Abnormal No Exam

Ears: Normal Abnormal No Exam

Teeth and Gums: Normal Abnormal No Exam

Skin: Normal Abnormal No Exam

Respiratory: Normal Abnormal No Exam

Musculoskeletal: Normal Abnormal No Exam

Abdomen: Normal Abnormal No Exam

Weight: Normal Abnormal No Exam

Stool: Normal Abnormal No Exam

OFA Ratings

Hip Dysplasia: _____

Elbow Dysplasia: _____

Eye: _____

Respiratory: _____

Cardiac: _____

Patellar: _____

Thyroid: _____

Temperament:

- The dog behaves in a friendly manner to both people and other animals. Yes No
- The dog display confidence and willingness to interact in a novel environment. Yes No
- The dog doesn't display inappropriate fearful reactions to normal experiences. Yes No
- The dog doesn't behave in an excessively submissive manner. Yes No
- The dog doesn't behave in an excessively assertive manner. Yes No
- The dog has not attempted to bite anyone on staff and has no bit history. Yes No

Note:

Please include additional paperwork that shows immunization dates and the dog is current on all recommended vaccinations and those required by law, and has tested negative for heartworm and intestinal parasites. *Bordetella*: Due to the group environment of service dog training, we suggest considering a Bordetella vaccination.

Additional comments: _____

This is to certify that I have examined the above described dog and found him/her to be free of any physical or mental defects that could render it unfit for intensive and extensive training as a Psychiatric Service Dog for a veteran suffering from post-traumatic stress.

Name of Veterinarian Practice: _____

Licensed Veterinarian Signature: _____

Printed Name: _____

Address: _____

Phone Number: _____

Date: _____