

Service and Therapy Animal Form

Personal Information

Owner Name: _____ Pet Name: _____
Date: _____ Breed: _____
Colors: _____ Markings: _____
Sex: _____ Neutered? _____
DOB: _____ Age: _____
Owner Phone No.: _____ Cell No.: _____

Health Questions

Does pet have any symptoms? _____
Does pet have any injuries? _____
If pet is limping, which leg? _____
If pet is scratching, where? _____
Duration of symptoms: _____
Frequency of symptoms: _____
Current medication(s) used: _____
Dosage and Frequency: _____

Service/Therapy Evaluation

- ☐ The pet has a calm and even temperament
☐ The pet is not bothered by gentle touching or holding
☐ The pet obeys basic commands

Is the service pet required because of a disability? _____
What is the pet training to do to mitigate the disability? _____
As the pet been trained by a certified service trainer? _____
Trainer: _____ Phone: _____
Location: _____
Does the pet have a certified training certificate? _____

I, _____, do hereby certify that the pet named above is healthy and suited for work as a service or therapy animal.

Veterinarian Signature

Date