

UPMC Children's Hospital of Pittsburgh: Well Dog Evaluation

To be in program compliance, this evaluation is required to be current and updated yearly for the dog's file.

Please ensure that each section of this form is filled out in its entirety.

Dog Name: _____ Breed: _____ Sex: _____ Date of Birth: _____

Owner: _____ Phone Number: _____

History	Date Performed	Expiration Date
Check Up (Annual)		
Rabies (3 year)		
Distemper (3 year)		
Parvovirus (3 year)		
Leptospirosis (4Serovar) (Annual)		

Fecal Exam (Annual)	Date Tested:	Positive	Negative	Expiration Date:
Heartworm (Annual)	Date Tested:	Positive	Negative	Expiration Date:

Are there any concerns regarding significant health changes in the dog (e.g., mobility, vision, etc.)?

Is the dog free from communicable diseases? (please circle)

Yes / No

Signature of Licensed Veterinarian: _____ Date: _____

Printed Name and Contact information of Veterinary Office/Hospital:

Pet Therapy dogs must provide annual documentation to verify that immunizations are current, and are to receive consistent year-round flea, tick, and heartworm control.

Please sign below to confirm agreement.

I agree that my dog will receive consistent year-round flea, tick, and heartworm control, and to provide annual documentation that immunizations are current and that a veterinarian has annually approved the dog as free of communicable diseases and appropriate for patient visitation.

(Volunteer: Please sign and date):

Signature: _____ Date: _____