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**Animal Assisted Activities (AAA) Veterinary Form**

**All Information Must be Completed by a North Carolina Licensed Veterinarian (Print or Type)**

**Volunteer Services must receive a copy of this form annually**

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| --- | --- | --- | --- | --- |
| **Name (Last, First)** | | **Dog Name** |  | |
| **Age (dog)** | **Gender**  MaleFemale  NeuteredSpayed | | **Breed** | |
| **Veterinarian** | | **Veterinarian Phone Number** | **Practice Name** | |
| **Hospital Contact Person**  **Jodie Skoff** | | **Department Name**  **Volunteer Services** | **Email**  [**jodie.skoff@unchealth.unc.edu**](mailto:jodie.skoff@unchealth.unc.edu)  **Fax**  **984-215-2036** | **Phone**  **984-215-2037** |

**Annual Exam Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Required Vaccinations**

* **Rabies When\_\_\_\_\_\_\_\_\_\_ expiration\_\_\_\_\_\_\_\_\_**
* **Da2PPV Booster When\_\_\_\_\_\_\_\_\_\_ expiration\_\_\_\_\_\_\_\_\_**

**OR**

* **Distemper When\_\_\_\_\_\_\_\_\_\_ expiration\_\_\_\_\_\_\_\_\_**
* **Parainfluenza When\_\_\_\_\_\_\_\_\_\_ expiration\_\_\_\_\_\_\_\_\_**
* **Parvovirus When\_\_\_\_\_\_\_\_\_\_ expiration\_\_\_\_\_\_\_\_\_**

**Receiving routine medication for the prevention of heartworm?**

**Yes  No**

**Receiving routine flea and tick prevention?**

**Yes  No**

**(If none, the handler will be required to give Capstar 24 hours prior to the visit.)**

**Other Vaccinations**

**Yes  No**

* **Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When\_\_\_\_\_\_\_\_\_\_\_\_**
* **Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Medications**

**Yes**  **No**

* **Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Veterinarian completing this form**

|  |  |  |
| --- | --- | --- |
| **Name (Please Print)** | **Signature** | **Date** |

2/16; 4/17; 3/20