



Vital Information for Use of Professional Therapy Dogs

Please Print

Name of Professional Dog Owner: _____

Name of Professional Dog Handler: _____

Name of Professional Therapy Dog: _____

Building in which therapy dog will work: _____

Therapy Dog and Handler's Certification Date: _____

Name of Certifying Organization: _____

Date for Re-certification: _____

Emergency Contact Names and Phone Numbers in Case of Issue with Therapy Dog:

1. _____

2. _____

Veterinarian Contact Information:

Name: _____ Phone#: _____

Dates Regarding Therapy Dog's Care:

Date of Birth: _____ Age: _____ Last Health Check _____

Annual Worm Check: _____ Parvo/Distemper: _____ Rabies: _____

Note: Five-way Parvo/Distemper (DHPP) and rabies vaccinations shall be updated every three years. Dogs less than one year of age or receiving vaccinations for the first time shall receive a follow-up in one year with vaccinations every three years thereafter. Verification that preventative parasite control (fleas and ticks) as well as heartworm medication is given year-round.

Owner's Signature

Date Signed