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**Vital Information for Use of Professional Therapy Dogs**

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**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.*

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*Owner's Signature*

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*Date Signed*

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Adopted: 8/17

Reviewed: 4/18

Related Policy (Code#): 604.2; 604.2-E1