

PROFESSIONAL THERAPY DOGS VITAL INFORMATION

(All documentation to be filed in the building(s) in which the Professional Therapy Dog’s owner works, and with the District Business Office)

Professional Dog Owner _____

Professional Dog Handler(s) _____

Professional Therapy Dog _____

School(s) in which dog will be used _____

Dog and Handler’s Certification Date _____

Name of Organization Certifying _____

Date for Re-certification _____

Emergency Contact Person and Phone No. for the Dog

1. _____

2. _____

Therapy Dog’s Veterinarian and Phone No. _____

Dog’s Date of Birth _____ Last Health Check _____

Annual Worm & Intestinal Parasite Check _____ Bordatella Vaccine: _____

Rabies Vaccination Date _____ Parvo/Distemper Date: _____

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

(Owner’s Signature)