

Veterinary Form

Ask your Vet to fill in the below. Please then return it to us with your completed application form.

Applicant details:

Name: Date of birth:

The person named above has requested that their dog be considered for training as a Medical Alert Assistance Dog. As the dog's wellbeing is paramount and the training can be demanding we ask if you would complete the following to help us make an accurate evaluation.

Medical Detection Dogs greatly appreciates your time and attention in completing this form. Thank you.

THIS FORM IS BEING COMPLETED BY:

Vet name:

Telephone E-mail:

Practice Address:

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..... Postcode:

1. Name of Dog:

2. Breed of dog :

3. Colour of dog:

4. Dog date of birth:

5. Weight of Dog : as of Date:

6. What date did you become the vet for this dog?

7. Is the dog microchipped?

Yes	No
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8. Please provide the microchip number.

9. Are the vaccinations up to date?

Yes	No
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10. When is the next vaccination due?

11. When was this dog last seen and for what purpose?

12. Does the dog receive routine preventative healthcare e.g. worming?

Yes	No
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13. Is the dog neutered / spayed?

Yes	No
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14. What date was the dog neutered / spayed?

15. Do you consider this dog to be healthy?

Yes	No
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16. Please describe any pre-existing health conditions

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17. Is the dog currently prescribed any medication? (If yes, please describe)

Yes	No
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In order to decide if this dog is suitable to be an assistance dog, we would very much appreciate your feedback and time in answering the questions below. As you may be aware, it is necessary for any dog being considered for assistance dog training to be of suitable temperament, and to have the aptitude to obtain a high level of obedience and training, this is in order to be able to accompany their client into a variety of different public environments.

With this in mind, please complete the following questions with regards to the behaviour you have observed, when this dog has visited your veterinary surgery or been in your care.

- How confidently does this dog come into the surgery?

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- Was the dog under the owners control?

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- How does the dog interact with other animals in the waiting room?

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- Is the dog happy to greet/approach you? Does the dog appear apprehensive or very excited?

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- Would the dog take treats from you?

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- When examining the dog, have you ever:

- Felt threatened or concerned that the dog may be aggressive?

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- Felt the dog is uncomfortable, or overly anxious?

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- Have you ever had to muzzle the dog or request further assistance from other staff in order to administer treatment?

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18. Do you feel that there would be any reason why this dog should not be trained as a registered Medical Alert Dog? (If yes, please describe)

Yes	No
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Signature Date

Veterinary Practice Stamp

