



DOGS FOR INVISIBLE DISABILITIES

384 NW Conifer Blvd
Corvallis, OR 97330
541-974-0327

Email: info@dogsforinvisibledisabilities.com
<https://www.diddogs.com>

Veterinarian's Report

I give my permission for the below named veterinarian to release the information requested in this form.

Signature

Date

Dog's Name: _____ Breed: _____

Age: _____ Sex: _____ Spayed/Neutered (date) _____ (Mandatory – you must spay/neuter by the age recommended by your Vet or 18 months to take the Public Access Test (whichever is later)).

Dates of the following: Because the dogs will be exposed to other animals and public locations, all of these vaccinations/exams are mandatory.

Basic Eye Exam: _____ Internal Parasite Check: _____ Rabies: _____

Bordatella: _____ Parainfluenza: _____ Parvo: _____

Distemper: _____ Hepatitis: _____

General physical health: _____

Any chronic conditions? _____

Mental health & willingness to be handled and examined: _____

Has dog ever attempted to bite you or any of your staff? Yes ____ No ____

If so, please describe the circumstances: _____

Service Dogs must be individually trained to do work or perform tasks for the benefit of an individual with a disability. They must be physically capable of performing these tasks and of tolerating certain conditions depending on the owner's individual needs. Examples of possible tasks/conditions are:

- Retrieving (no mouth or teeth problems);
- Walking on hard/slippy surfaces to accompany owner shopping;
- Climbing into cars or onto buses without help;
- Bracing & balance work – wearing a harness, assisting owner to rise from the floor, chairs, etc. (no hip, knee, wrist or other joint defects/dysplasia)

Does this dog have any signs/symptoms of joint problems/defects? _____

Does this dog have any other issues that you are aware of that may impact its ability to work as a Service Dog? _____

Veterinarian Name: _____ Date: _____

Veterinarian Signature: _____ Clinic: _____

Address: _____ Phone: _____