

VETERINARY CONFIRMATION

PRACTITIONER DETAILS

Name:
Clinic:
Role:

DOG DETAILS

Name:
Date of Birth:
Microchip No:

In your professional opinion, please indicate if the following has been presented within a standard consultation. The dog MUST be present at the time the form is completed.

The dog:

Is of good physical condition and health, including weight	Yes	☐	No	☐
Is physically and mentally sound	Yes	☐	No	☐
Has full use of all senses, limbs, has full range of motion and a sound gait	Yes	☐	No	☐
Is free from any chronic health conditions that would impair its ability to perform required tasks or that would be adversely affected by participation in a working role	Yes	☐	No	☐
Is fully vaccinated and free from infectious diseases	Yes	☐	No	☐
During their time at the clinic, the dog has not displayed any behaviours — such as aggression, excessive fear, or anxiety — that would be considered beyond what is reasonably expected, or clearly inappropriate for a dog in a public setting	Yes	☐	No	☐
Is currently taking medication	Yes	☐	No	☐
If yes, please provide details:				
Has any other concerns or factors that would lead you to advise against this dog participating in an assistance or therapy role?	Yes	☐	No	☐
If yes, please provide details:				

Signature: _____ Date: _____