



Dear Veterinary Professional,

Thank you for performing an examination of this pet for participation in Hand in Paw's volunteer program. Hand in Paw has a thorough process to ensure our Therapy Teams possess the optimum health and temperament in order to minimize risk to patients and clients that are visited by the teams.

Please assess the animal for the following:

- Overall health and wellbeing
- Physical ability to perform animal assisted interactions
- Notable reactions to physical handling
- Immunity levels sufficient for exposure to clinical environments

Hand in Hand in Paw will rely on your medical judgement and knowledge of the animal's health history and status. The animal's owner is responsible for returning the health screening form to Hand in Paw. If you have any questions, please contact us at 205-322-5144.

Sincerely,

Hand in Paw
617 38th Street South
Birmingham, AL 35222



Veterinary Clinic:	Name of DVM:
Owner's Name	Animal's Name
Animal Species/Breed	Animal's Age

The overall health of the animal is:

- Excellent (No serious chronic diseases or disorders)
- Very good (minor complaints associated with aging)
- Good (chronic conditions with occasional flare-ups)
- Poor (serious chronic condition requiring ongoing treatment)

If the animal has a disability, it can still participate in Hand in Paw program with accommodation such as:

Based on my examinations, this animal meets the following health criteria,

Animal is not currently prescribed antifungals, or immunosuppressive medications

Updated Rabies Vaccination (Date of last Rabies Vaccination: _____)

No signs or symptoms of infectious disease, illness, or open wounds

No signs of internal or external parasites

Coat and skin normal

Cardiopulmonary system normal

Annual Heartworm test was negative, and animal is currently on Heartworm preventative

Signature of DVM

Date