



National Capital Therapy Dogs

P.O. Box 234

Highland, Maryland 20777-0234

301-585-NCTD (6283)

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NCTD HEALTH STATUS REPORT

Please have your veterinarian complete and sign the section below and present this page TOGETHER WITH A COPY OF YOUR ANIMAL'S CURRENT RABIES CERTIFICATE when you come to the evaluation.

_____ (Animal's name), belonging to _____,
has been a patient mine for _____ years.

The vaccinations and tests that I have deemed necessary are current.

To my knowledge, the animal has no health conditions that might prevent it from participating in therapy animal activities.

Any additional comments: (Please mention if the animal has any symptoms of hip dysplasia, arthritis, epilepsy, etc.)

Signature of Veterinarian _____ *Date* _____

Name of Veterinary Practice _____ *Phone* _____

Address _____

Notes to handlers:

1. Some facilities have additional veterinary requirements that will be specified during their volunteer orientation process.
2. If your animal has any physical disability that might limit its ability to perform any of the required tests, or to endure physically demanding visits, please let the evaluator know.