



Dear Veterinary Surgeon,

Firstly, I would like to take the opportunity to express my thanks to yourself for taking the time to read this letter.

The dog that you are examining today is due for an assessment to have the potential to become an ADAA qualified assistance dog.

As you can appreciate the work of an assistance dog can be very challenging at times, and it is paramount that we ensure that all dogs that undergo assessments are in the best possible health both mentally and physically.

I would be most grateful if you could carry out a thorough examination of the client's dog, and fill in the enclosed form, giving details of findings. It would also be most useful if you could take into consideration any potential hereditary complaints that may be relevant to this particular breed, and where possible check if any are present.

All dogs have to be fully vaccinated, and it is also important that they are fully protected against fleas and worms.

**Veterinary Surgeon's Report**

Veterinary Surgeon: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of assessment: \_\_\_\_\_



Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dogs Name : \_\_\_\_\_

Dog's Physical Condition:  Good  Poor

Current weight: \_\_\_\_\_  Underweight  Overweight  Satisfactory

Ideal weight: \_\_\_\_\_

Date of last vaccinations: \_\_\_\_\_ (DHL \_\_\_\_\_ P \_\_\_\_\_ )

KC (if given) \_\_\_\_\_

Date of last worming: \_\_\_\_\_ With: \_\_\_\_\_

Date of last Flea Treatment : \_\_\_\_\_ With: \_\_\_\_\_

**PLEASE CHECK THE FOLLOWING AND REPORT FINDINGS:**

Ears: \_\_\_\_\_ Eyes: \_\_\_\_\_ Mouth: \_\_\_\_\_

Skin: \_\_\_\_\_ Heart: \_\_\_\_\_ Lungs: \_\_\_\_\_

Feet: \_\_\_\_\_ Anal Glands: \_\_\_\_\_

Any other comments: \_\_\_\_\_

\_\_\_\_\_

What treatment/surgery has the dog had or is currently undergoing? \_\_\_\_\_

\_\_\_\_\_

Any hormonal or behavioural problems? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_