



Health Verification Form

This registered therapy dog is participating in Animal Assisted Interventions, Animal Assisted Activity, and/or Animal Assisted Therapy at VCU Health facilities.

Please complete the entire form, then scan or take a photo of this completed document and email to chai@vcuhealth.org.

Dog Owner Name: _____ Dog's Name: _____

Phone: _____ Email Address: _____

Address: _____

Annual Wellness Exam: _____

Current **Negative** Fecal Exam: _____

Required Vaccinations or Titers (every 3 years)

Rabies
Vaccination Date _____ or Titer Date _____

Distemper
Vaccination Date _____ or Titer Date _____

Parvovirus
Vaccination Date _____ or Titer Date _____

Suggested Vaccinations (annually)

Bordetella
Vaccination Date _____

Leptospirosis
Vaccination Date _____

Veterinarian Information

Veterinary Practice: _____ Name: _____

Phone: _____ Email Address: _____

Veterinarian Address: _____

I have examined the dog indicated on this form within the last 12 months and believe the dog to be healthy and free of internal and external parasites on the dates listed above.

Required Veterinarian Signature

Date