

Thank you for volunteering your dog for our Veterinary and Technician Rehab Training Programs! We hope you and your pet get as much from this opportunity as our programs do. To that end, please provide us with the following basic information:

Your Name (first and last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number we can reach you during lab:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fixed? \_\_\_\_\_\_\_\_\_

Age (years):\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can your pet have beef liver / lung treats? If no, what kinds of treats are ok? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything else you would like us to know about your pet?

What medications/herbs/supplements is your pet currently on?

Please tell us about any other medical conditions that we should be aware of. For example, we want to know if your pet has a heart condition, cancer, urinary or fecal incontinence, or chronic skin disease.

Please tell us a little about what’s going on with your pet that we can help with today. Please include any lameness, orthopedic, and/or neurologic issues and diagnoses. How long has the issue been going on?



**For the Teaching Assistant (TA) and students to fill out.**

Please print legibly. Volunteers will get a copy of this record for their files!

*Recommendations for home care and follow-up:*

*Is there anything the owner can do at home to ensure their pet is maximally comfortable for future labs?*

Noteworthy findings:

TA Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lab Group Letter: \_\_\_\_\_\_\_\_\_

Lab subjects covered:

In-lab treatments provided: