



Animal Assisted Activities (AAA) Veterinary Form

All Information Must be Completed by a North Carolina Licensed Veterinarian (Print or Type)

Volunteer Services must receive a copy of this form annually

Name (Last, First)		Dog Name	
Age (dog)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed		Breed
Veterinarian		Veterinarian Phone Number	Practice Name
Hospital Contact Person Jodie Skoff		Department Name Volunteer Services	Email jodie.skoff@unchealth.unc.edu
			Phone 984-215-2037

Annual Exam Date _____

Required Vaccinations

- Rabies When _____ expiration _____
- Da2PPV Booster When _____ expiration _____
OR
- Distemper When _____ expiration _____
- Parainfluenza When _____ expiration _____
- Parvovirus When _____ expiration _____

Receiving routine medication for the prevention of heartworm?

Yes No

Receiving routine flea and tick prevention?

Yes No

(If none, the handler will be required to give Capstar 24 hours prior to the visit.)

Other Vaccinations

Yes No

- Type _____ When _____
- Type _____ When _____

Other Medications

Yes No

- Type _____ Reason _____
- Type _____ Reason _____

Veterinarian completing this form

Name (Please Print)	Signature	Date