MEDICAL EVALUATION FORM FOR DOGS & CATS

Please have your veterinarian fill out a separate form for each pet.

Owner’s Name: ________________________________________________________________

Phone: ___________________(h) ___________________(c) Email:________________________

Mailing Address: _________________________________________________________________Zip_____

Pet’s Name: ___________________________________________Year of Birth________

Type of Pet: (Circle) Dog Cat Sex: Male Female Neutered: Yes No

Breed:_______________________________Color:____________________________Wt.:_______

Veterinary Clinic of Record:___________________________________________________________

Mailing Address:____________________________________________________________________

__________________________________________________________________________________

Phone #:____________________________________ Fax #:________________________________

Clinic Email or Webpage Address: _______________________________________________________

Date of last rabies vaccination: __________ RABIES TAG NO. __________(REQUIRED)

1. Has the pet above been vaccinated for:

   DOGS       YES    NO   CATS       YES    NO
   Canine distemper   ___   ___   Feline panleukopenia   ___   ___
   Canine parvovirus   ___   ___   Feline rhinotracheitis- ___   ___
   Canine hepatitis    ___   ___   Calicivirus             ___   ___
   Canine tracheobronchitis   ___   ___   Feline leukemia    ___   ___
   Leptospirosis   ___   ___

2. Date of Last Physical Exam: _________________________________ (REQUIRED)
Name: _______________________________

3. Date of last fecal exam: _____________ Results: _______________ (REQUIRED yearly)

4. Date of last heartworm check: ___________ Results: _______________
   Is this pet on heartworm preventative?   Yes  No

5. Animals being fed raw protein foods are NOT eligible for HABIT programs. To your knowledge is this pet being feed a raw diet?   Yes     No

6. Has the dog or cat described above ever been diagnosed as having:

<table>
<thead>
<tr>
<th>DOGS</th>
<th>Yes</th>
<th>No</th>
<th>CATS</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campylobacteriosis</td>
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<td>Yersiniosis</td>
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<tr>
<td>Salmonellosis</td>
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<tr>
<td>Canine brucellosis</td>
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<td>Toxoplasmosis</td>
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<tr>
<td>Leptospirosis</td>
<td></td>
<td></td>
<td>Been associated with</td>
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<tr>
<td>Cutaneous dermatophytes</td>
<td></td>
<td></td>
<td>a human case of cat</td>
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</tbody>
</table>

7. Has this dog or cat ever been diagnosed as having Staphylococcus or any other bacterial infection which was resistant to multiple antibiotics?   Yes     No
   If yes, which organisms? ______________________________________________________

8. Has this dog or cat ever been diagnosed as having a nematode infestation which could cause larva migrans in people?   Yes     No
   If yes, was successful treatment implemented?   Yes     No

9. Has this dog or cat routinely had problems with fleas or ticks?   Yes     No
   If yes, is the problem currently under control?   Yes     No

10. To your knowledge, has this dog or cat ever bitten anyone?   Yes     No
11. H.A.B.I.T. volunteers and their pets generally visit two types of groups. Active groups are usually children and adolescents. Passive groups are usually elderly who enjoy just sitting with, holding, or petting the animals. In your opinion does the pet described above have any medical conditions that could be complicated or aggravated if they were to visit

- **active groups**: Yes No
- **passive groups**: Yes No

If yes to either of the above, please explain:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

12. To your knowledge, has this pet exhibited any aversion to or aggression toward any type of person (e.g., male vs. female, children vs. adults, black vs. white, physically impaired)? Yes No

If yes, please explain:

______________________________________________________________________________
______________________________________________________________________________

13. Behaviorally do you feel it would be inappropriate for this pet to visit any particular types of people (This does not take the place of a separate behavioral evaluation but is requested in order to add to the behavioral profile of the pet)? Yes No

If yes, please explain:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

14. Is there any other information that you believe the H.A.B.I.T. office should have about this pet? We are also interested in any suggestions you have for the improvement of our program. Please use the back of this form or feel free to contact the H.A.B.I.T. office (see below) if you would like to discuss any concerns or suggestions.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
H.A.B.I.T. volunteer liability coverage requires that all approved H.A.B.I.T. animals have an annual health check-up and a current medical evaluation form based on that check-up on file in the H.A.B.I.T. office. This record will be kept on file at the U.T. College of Veterinary Medicine and will be available only to the owner, his or her veterinarian and authorized H.A.B.I.T. personnel. If you have any questions, concerns or suggestions, please contact the H.A.B.I.T. office at Phone: (865) 974-5633; Fax: (865) 974-5640; Email: HABIT@utk.edu.

Veterinarian’s Signature: ________________________________________________________________

Veterinarian’s Name Printed: ____________________________ Date: ______________

Please return the completed Medical Evaluation Form to:
H.A.B.I.T.
2407 River Drive, A205
Knoxville, TN 37996-4543

The H.A.B.I.T. Program would not be successful without the support of private veterinary practitioners. Thank you for your assistance.