

Name: _____

For office use:
INITIAL UPDATE



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:

<u>DOGS</u>	Yes	No	<u>CATS</u>	Yes	No
Canine distemper	___	___	Feline panleukopenia	___	___
Canine parvovirus	___	___	Feline rhinotracheitia-		
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:

<u>DOGS</u>	Yes	No	<u>CATS</u>	Yes	No
Campylobacteriosis	___	___	Campylobacteriosis	___	___
Yersiniosis	___	___	Yersiniosis	___	___
Salmonellosis	___	___	Salmonellosis	___	___
Canine brucellosis	___	___	Toxoplasmosis	___	___
Leptospirosis	___	___	Been associated with		
Cutaneous dermatophytes	___	___	a human case of cat		
			scratch disease	___	___

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

Name: _____

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.

Name: _____

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.