



VETERINARIAN REFERENCE

Pet's Name: _____ **DOB:** _____

Predominant Breed: _____ **SEX:** _____ male _____ female

VETERINARIAN USE ONLY:

PLEASE FILL OUT FORM COMPLETELY (Include prior dates if vaccines not given at this time)

Clinic Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

DISTEMPER: **Date given:** _____ **Expires:** _____

RABIES: **Date given:** _____ **Expires:** _____

****If animal is over twelve years old or has a medically compromised condition, please attach a letter stating that the animal has not had the required inoculations. Results of titer for Distemper is also acceptable.*

- CHECK ONE:**
- I recommend this animal for Pet Therapy.
 - I do not recommend this animal for Pet Therapy.

Please explain your recommendation based on your experience with this pet:

Veterinarian's signature: _____

Date: _____ **DE license No.** _____ **Telephone No.** _____

FAITHFUL FRIENDS VOLUNTEERS: All fields must be completed to be considered for Faithful Friends' Pet Therapy Program. Please keep a copy of this form for your records and email or fax a copy to the Volunteer Manager:

Email to: pettherapy@faithfulfriends.us

Fax to: (302) 427-2855

12 Germay Drive
Wilmington, DE 19804
302-427-8514 x 102