

ITA Volunteer Team Animal Health Screening Form



INTERMOUNTAIN THERAPY ANIMALS

PETS HELPING PEOPLE

Dear Doctor:

Thank you for performing an examination of this pet for participation in Intermountain Therapy Animals' volunteer programs. As you may be aware, Intermountain Therapy Animals (ITA) has been visiting patient-clients in hospitals, care centers, schools, libraries and many other settings since 1993, and we are now one of the largest groups of our kind in the United States.

Our program is distinguished by its attention to training the volunteer, evaluating the team every two years, and focusing on the relationship of the owner and his/her companion partner, including promoting the health and protection of the animal partner. By having a systematic process for registering teams, we minimize risk to the patients who are visited by the teams, and also respect the health and well-being of the animals who participate in the program.

The role of our animals' veterinarians is very important in this regard. The animal you are about to examine will be evaluated by a trained and licensed ITA Team Evaluator to test the animal's suitability for therapy animal work. The evaluation requires the animal to demonstrate certain basic obedience skills such as "stay," and "leave it." The Evaluator will note whether the animal accepts being petted, sometimes roughly, and by multiple people simultaneously. Of supreme importance, the Evaluator will assess the animal's temperament and aptitude in a simulated healthcare setting. The animal will be observed as it reacts to loud noises, wheelchairs, walkers, and people with stumbling gait and/or speech impediments.

You are being asked to 1) assess the animal's overall health, including weight, which seems to be a growing issue among pets as well as people, and 2) any notable reactions to the process of physical handling. Please complete the enclosed health screening forms; be sure each section has been filled out. The animal's owner is responsible for returning the health-screening forms to ITA. These forms will be reviewed by ITA staff, along with the results of the evaluation, to determine the team's suitability to do visiting-animal work.

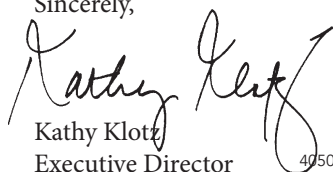
As you well know, there are varying opinions among those in the veterinary community about immunizations, and state laws with respect to rabies vaccinations vary. Our ITA Volunteer Teams are very responsible pet owners and have long-term and trusting relationships with their veterinarians. Rather than attempting to prescribe immunization schedules for dogs and cats (other than compliance with state laws with respect to rabies vaccination), ITA will rely on your medical judgment and knowledge of the animal's health history and status. We want to be assured that the animal's immunity levels are sufficient, and that participation in animal-assisted therapy will not harm it. Likewise, we need to be sure that ITA animals will not put seriously ill people at risk. Please also consider that visiting animals may be exposed to zoonotic agents because they visit people in healthcare facilities. ***As this animal's veterinarian, you are the best person to render the overall opinion of his/her health.***

We require that your examination of an animal, as well as a fecal test, be completed no more than 60 days prior to the date you complete these forms. It is important to us that our records are current.

Thank you for your part in making ITA's program safe and rewarding for our hundreds of volunteers and thousands of people who need the kind of therapy that only animals can provide. As one of our clients at Utah Cancer Specialists recently declared, "The outside of a dog is the very best thing for the inside of a person."

ITA would be pleased to provide you with information for your office waiting area to encourage more pet owners to become involved in animal-assisted therapy volunteer programs. For more information, or to request materials, please contact our office at any time.

Sincerely,


Kathy Klott
Executive Director

4050 SOUTH 2700 EAST, SALT LAKE CITY, UTAH 84124 or PO BOX 17201, SALT LAKE CITY, UTAH 84117

TEL 801.272.3439 • FAX 801.272.3470

WEBSITE: www.therapyanimals.org



INTERMOUNTAIN THERAPY ANIMALS

PETS HELPING PEOPLE

ITA Volunteer Team Animal Health Screening Form

Handler: *Complete this section for review by your veterinarian before your appointment.*

Volunteer's Name: _____ Date: _____

Animal's Name: _____ ☐ Male ☐ Female

Species/Breed: _____ ☐ Intact ☐ Neutered/Spayed

Animal's Lifestyle:

☐ active ☐ moderately active ☐ sedentary

Is animal boarded at kennels?

☐ No ☐ Yes (If yes, how often?) _____

What activities do you do with your animal that expose it to other animals?

☐ dog/cat shows ☐ training/sports ☐ other (identify): _____

Does your animal spend time outdoors (other than for routine walks)?

☐ No ☐ Yes (If yes, please explain:) _____

Name of Your Veterinarian: _____

Dear Doctor:

Please complete the remainder of this form.

How long have you known:

• this person/handler? Since _____

• this animal? Since _____

The date that I last examined this animal in person: _____

Section 1: General Health of the Animal

The overall health of this animal is (select one):

- ☐ Excellent (No serious chronic diseases or disorders)
- ☐ Very good (Minor complaints associated with normal aging)
- ☐ Good (Chronic conditions with occasional flare-ups)
- ☐ Poor (Serious chronic condition requiring ongoing treatment)

Vital signs:

Medications:

Pulse:

Temperature:

Respiration:

Weight:

Body Condition Score (using the 1-9 scale): _____

If this animal has a BCS greater than 7, have you discussed weight loss with this owner?

- ☐ Yes
- ☐ No

How often do you see this animal?

- ☐ at least annually
- ☐ other (please explain)
- ☐ wellness program
- ☐ only when ill or injured
- ☐ every _____ months

Section 2: General Systems Evaluation

Please list your findings and comment on any abnormal finding, e.g, heart is abnormal, dog has a systolic heart murmur. Note any physical problems that might put the animal at risk while on visits, e.g., arthritis, painful ear infection, excessive weight that would put additional stress on animal while visiting, etc.

System	Normal	Abnormal	Findings/Comments
General Appearance	☐	☐	
Weight	☐	☐	
Skin/Coat	☐	☐	
Musculo-skeletal	☐	☐	
Heart/Lungs	☐	☐	
Digestive	☐	☐	
Urogenital	☐	☐	
Eyes/Ears	☐	☐	
Nervous	☐	☐	
Lymph Nodes	☐	☐	
Mucous Membranes	☐	☐	
Teeth/Mouth	☐	☐	

Section 3: Vaccinations and Tests for Dogs and Cats

(See following pages for other species)

ITA believes that a pet's veterinarian and owner are in the best position to decide what types of tests and immunizations are appropriate for the animal.

To participate in ITA's animal-assisted therapy program, rabies immunizations are required for domesticated species, as prescribed by state law.

Any specifically listed vaccinations and tests are required for that species of animal. Animals that visit people in hospitals, nursing homes, and other healthcare facilities need to be healthy, clean, and well mannered so that they pose little risk to patients. It is equally important to minimize risk to animals that may be exposed to zoonotic agents that could cause harm to an immune compromised, unhealthy, or highly stressed animal.

Species	Vaccination	Expiration Date	Test	Result
Dogs	Rabies (state law)		Other (list)	
	Other (list)			
Cats	Rabies (state law)		FeLV/FIV	
	Other (list)		Other (list)	

Section 4: Parasite Control for Dogs and Cats

New Fecal Exam Required– within 60 days of the date of the vet's signature on this form

External parasite control: This will vary depending on geographic area of the country. Veterinarian, please indicate the appropriate control used in this area:

Parasite(s) controlled for: _____

Method of control: _____

Internal parasite control: A fecal exam must be completed for this animal. We will accept test results no older than 60 days earlier than the date of your signature on this form. While ITA **strongly recommends** that therapy animals be on year-round treatment, we are aware that no one medication can be effective against ALL parasites. Therefore, even if this dog or cat is on preventative medication, we require a new fecal exam to qualify for ITA therapy program participation. Such testing must be within 60 days of the date of the vet's signature on this form.

Date of last fecal exam (REQUIRED): _____

Results: Please attach a copy of the lab results to the last page of this form.

Section 5: Overall Assessment for Dogs and Cats

In your professional judgment, is this animal a good candidate for ITA's animal-assisted therapy program? ☐ **Yes** ☐ **No**

Signature of DVM _____ Print Name _____

Clinic: _____ Date: _____

Address: _____ Phone: _____

City/State/Zip _____

Section 6: Vaccinations and Tests for Other Species

Species	Vaccination	Expiration Date	Test	Result
Birds			Fecal Flotation	
			Fecal gram stain	
			Chlamydia/Psittacosis	
Guinea Pigs/ Rabbits			Fecal exam	
Animal should have a thorough assessment prior to every visit. If it is showing any symptoms or signs of illness, then it should not visit until cleared by a veterinarian.				
Horses	West Nile Virus			
	Influenza			
	Tetanus			
	WEE/EEE/VEE			
	Other			
Internal parasite control for horses: The ITA Therapy Program requires annual fecal tests to check for internal parasites such as hook, whip, tape, and roundworms, etc., however your veterinarian may require more frequent testing and treatment. Annual fecal tests are required even if your horse is on preventative medication. Date of last fecal exam: _____ Results: _____				

Section 7: Overall Assessment for Other Species

In your professional judgment, is this animal a good candidate for ITA's animal-assisted therapy program? ☐ **Yes** ☐ **No**

Signature of DVM _____

Print Name _____

Clinic: _____ Date: _____

Address: _____ Phone: _____

City/State/Zip _____