



Fun Reading Reading for Life

Annual Vet Health Check Record Sheet

Name of Vet: _____ **Vet Practice:** _____

Name of Dog: _____ **Name of Dog Owner:** _____

Date: _____

Temp =	RR (respiratory rate) =	HR (heart rate) =
DS (dental score) =	MM/CRT (mucous membrane/Capillary refill time) =	BS (Body score) =

	Normal	Abnormal		Normal	Abnormal
Abdominal palpation			Eyes		
Thoracic auscultation			Ears		
Demeanor/Mentation			Lumps/bumps		
Lymph nodes palpation			Musculoskeletal		
Integument			Fleas		
Urinary tract			Other: eg. dog's breath, teeth		

Intestinal Parasites/Worms

In order for a Story Dog to continue to have contact with children it must be on a regular worming program and be wormed appropriately, for the area it is living in, at this Annual Health Check. Please confirm the following:-

- The dog is on a regular program of intestinal worming treatment applicable to the area it is living in? **Yes / No**
- The dog has received an intestinal worming treatment, including additional treatment for hydatid tapeworm if applicable? **Yes / No**

Overall outcome of Health Check

General health check result: **poor / good / excellent**

As a result of this general Health Check I recommend (dog's name) _____ is of good health to be part of the Story Dogs program.

Signature of Vet: _____

Please email or post to info@storydogs.org.au or PO Box 5075 Murwillumbah South NSW 2484