

# Two-Week Veterinarian Report

Dear Doctor:

The following individual has just completed a 26-day training course with a new guide dog. To ensure quality health care, we are asking you to complete this questionnaire and return it to Southeastern Guide Dogs, Inc.

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Veterinarian Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Name of Clinic/Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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Graduate's Name: \_\_\_\_\_ Dog's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: M F Color: \_\_\_\_\_ Tattoo: \_\_\_\_\_

Age of dog: \_\_\_\_\_

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Heartworm Preventative prescribed: \_\_\_\_\_

Dog's weight: \_\_\_\_\_ lbs.

Additional Inoculations: \_\_\_\_\_

Appearance of dog: Satisfactory Unsatisfactory

Comments on appearance: \_\_\_\_\_

Parasite control:

Fecal: \_\_\_\_\_

Medication prescribed: \_\_\_\_\_

Type of food recommended: \_\_\_\_\_

Condition of dog's teeth:      Satisfactory      Unsatisfactory

Comments: \_\_\_\_\_

Control of dog:      Satisfactory      Unsatisfactory

Comments: \_\_\_\_\_

Thank you for your time and attention!

Susan Wilburn

Director of Admissions

& Graduate Services

