



ANNUAL VETERINARIAN REPORT

Dear Veterinarian,

At Southeastern Guide Dogs we are always striving to ensure that our guide dogs are in the very best of health. That goal continues on through our graduate and guide dog teams. Please take a few minutes to fill out this form and return it to us at:

Southeastern Guide Dogs
Attn: Graduate Services
4210 77th Street E.
Palmetto, FL 34221

Or fax to:
Graduate Services
941-729-6646

Date of Exam: _____ Dog's Name: _____

Graduate's Name: _____

Dog's Age: _____ Gender: M F Breed: _____

Veterinarian's Name: _____

Name of Clinic/Hospital: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Current on annual Vaccinations? Yes No

Current on Heartworm Preventative? Yes No

Name of Preventative: _____

Current on Flea Preventative? Yes No

Name of Preventative: _____

Dog's Weight: _____ Satisfactory? Yes No

If no, please explain: _____

Is circulatory system satisfactory? Yes No

If no, please explain: _____

Is digestive system satisfactory? Yes No

If no, please explain: _____

Is endocrine system satisfactory? Yes No

If no, please explain: _____

Is integument system satisfactory? Yes No

If no, please explain: _____

Is musculoskeletal system satisfactory? Yes No

If no, please explain: _____

Is nervous system satisfactory? Yes No

If no, please explain: _____

Is reproductive system satisfactory? Yes No

If no, please explain: _____

Is respiratory system satisfactory? Yes No

If no, please explain: _____

Is urinary system satisfactory? Yes No

If no, please explain: _____

Is overall appearance satisfactory? Yes No

If no, please explain: _____

Is overall behavior satisfactory? Yes No

If no, please explain: _____

If 9 years old or older, is the dog able
to continue work as a guide? Yes No

If no, please explain: _____

Additional comments: _____

(Signature of Veterinarian)

(Date)

THANK YOU FOR YOUR TIME