



345 118<sup>th</sup> Ave SE, #100, Bellevue, WA 98005

Dear Veterinary Professional,

One of your animal clients is interested in becoming a member of the Pet Partners' Therapy Animal Program, a national program that trains, evaluates and registers volunteers and their pets visiting people in nursing homes, hospitals, schools, and other settings.

Pet Partners has operated our Therapy Animal Program since the 1990's. The program is distinguished by its attention to training the volunteers, evaluating teams every two years, and having awareness of the health of the animals. By having a systematic process for registering teams, we minimize risk to the patients who are visited by the teams, and respect the health and well-being of the animals who participate in the program. It is our responsibility to reduce risks to people while maintaining the benefits that Pet Partners therapy teams provide.

You are being asked to complete the Animal Health Screening Form on behalf of the applicant. Based on your medical judgment and knowledge of the animal's history and current status, please assess if the animal meets the health criteria for our program. You will find the requirements outlined on the following form.

For animals with disabilities:

If you believe the animal is physically able to participate in the program, please provide any necessary accommodations on the Animal Health Screening Form or attach a separate letter on letterhead, if more room is required. If otherwise healthy, animals with a disability can have a positive impact on special populations, providing their activities do not exacerbate the animal's disability.

As this animal's veterinarian, you are the best person to render the overall opinion of the animal's health. It is important to consider that visiting animals may both be exposed to infectious agents because they visit people in healthcare facilities and be a potential source of infectious agents for people they visit. We realize an examination cannot detect all potential problems and that changes to an animal's health status can occur after veterinary examination. Pet Partners is not expecting a guarantee that no risks are present, simply your assessment of the animal at the time of your examination.

Thank you for your time. Please don't hesitate to contact our Program Operations staff if you have any questions.

With gratitude,

Pet Partners

Business Hours: 8:30am – 4:30pm Pacific Time

Email Address: [operations@petpartners.org](mailto:operations@petpartners.org)

## ANIMAL HEALTH SCREENING: Animal Health Criteria Form for ALL SPECIES

Pet Partners Therapy Animal Program is a national program that trains, evaluates and registers volunteers and their pets for visiting people in nursing homes, hospitals, schools, and other institutions. To be eligible to participate in our program, all animals must be examined by a licensed veterinarian and pass the health screening. It is important to consider that visiting animals may both be exposed to infectious agents because they visit people in healthcare facilities and be a potential source of infectious agents for the people they visit. As the animal's veterinarian, you are the best person to render the overall opinion of the animal's health. If this animal has received an annual exam within the last 12 months, this form may be completed without another full examination.

Owner's Name	Animal's Name	
Species/Breed	Weight	Age

**Based on my examination, this animal meets the health criteria listed below:**

- ✓ This animal is current on rabies vaccinations. Animals exempted from this requirement include: rabbits, guinea pigs, rats and birds.
- ✓ This animal is free of internal and external parasites at the time of examination.
- ✓ This animal does not eat a raw protein diet or treats to my knowledge.
- ✓ This animal does not display any signs consistent with an infectious disease at the time of examination.
- ✓ If this animal has a condition, it is under control using a prescribed medication. Please note: Animals currently taking antibiotics, antifungals, or immunosuppressive medications are not able to participate.
- ✓ If this animal has a disability, it can still participate fully with accommodations. Please include suggested accommodations below.

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**I certify that this animal meets all the health criteria outlined by Pet Partners.**

DVM Name:	
Clinic Name:	
Clinic Website:	
Clinic Address:	
Phone:	Email:
Signature of DVM:	Examination Date:

Please return this form directly to the animal's owner. Don't hesitate to contact our Program Operations staff at [operations@petpartners.org](mailto:operations@petpartners.org) if you have any questions.