This Health Report is to be filled out by the Veterinarian examining the Dog at every appointment

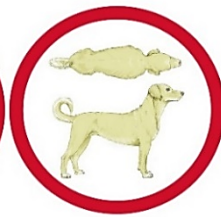|	
Graduate's First & Last Name	
Date of Visit (M/D/Y)	
Reason for Visit	☐Yearly Check-up ☐Vaccines ☐Illness ☐Injury ☐Other

Dog's Name		Date of Birth (M/D/Y)	
Breed		Colour	
Vaccination Date (M/D/Y)		4Dx Test Date & Results	☐Negative ☐Positive

☐DHPP ☐Rabies ☐Leptospirosis ☐Lyme ☐Bordetella	☐Heartworm & Tick/Flea Prevention

Dog's Weight This Visit:	Kg	Dog's Weight Last Visit:	Kg
Date of Last Visit: (M/D/Y)			

Weight Management Chart for Dog Guides

UNDERWEIGHT
1. Ribs, lumbar vertebrae, pelvic bones and all bony prominences evident from a distance. No
2. discernible body fat. Obvious loss of muscle mass.
3. Ribs, lumbar vertebrae and pelvic bones easily visible. No palpable fat. Some evidence of other bony prominences. Minimal loss of muscle mass.

Ribs easily palpated and may be visible with no palpable fat. Tops of lumbar vertebrae visible. Pelvic bones becoming prominent. Obvious waist and abdominal tuck.
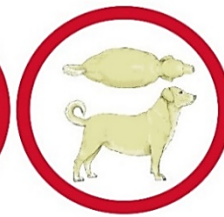
IDEAL
4. Ribs easily palpable, with minimal fat covering. Waist easily noted, viewed from above. Abdominal tuck evident.
5. Ribs palpable without excess fat covering. Waist observed behind ribs when viewed from above. Abdomen tucked up when viewed from side.

OVERWEIGHT
6. Ribs palpable with slight excess fat covering. Waist is discernible viewed from above but is not prominent. Abdominal tuck apparent.
7. Ribs palpable with difficulty; heavy fat cover. Noticeable fat deposits over lumbar area and base of tail. Waist absent or barely visible. Abdominal tuck may be present.
8. Ribs not palpable under very heavy fat cover, or palpable only with significant pressure. Heavy fat deposits over lumbar area and base of tail. Waist absent. No abdominal tuck. Obvious abdominal distention may be present.
9. Massive fat deposits over thorax, spine and base of tail. Waist and abdominal tuck absent. Fat deposits on neck and limbs. Obvious abdominal distention.

What is the dog's Body Condition Score?								
☐1	☐2	☐3	☐4	☐5	☐6	☐7	☐8	☐9

Have you, the Veterinarian, implemented a Weight Reduction Program?	☐Yes ☐No
If yes, please describe your recommendations:	

I have performed a physical exam and reviewed the medical history of the above dog:

In my opinion:

☐The dog is in good/excellent health, free of any infectious or contagious diseases and does not currently require any treatment or has a minor condition that requires short term treatment.

OR

During the last 6-12 months the dog has been diagnosed with or
treated for one of the following conditions (please indicate all the apply)

☐ Allergic/Atopic dermatitis or related condition (otitis, pruritus, pododermatitis)
☐ Chronic allergic conjunctivitis
☐ Chronic diarrhea (>3 week duration) or chronic recurrent diarrhea
☐ Endocrine disorder
☐ Heart or Cardiovascular Disease
☐ Liver Disease
☐ Neoplasia
☐ Neurological condition
☐ Ocular disease (cataract, glaucoma, retinal degeneration)
☐ Orthopedic Condition
☐ Periodontal disease requiring extractions or ulcers in oral cavity
☐ Renal Disease
☐ Respiratory Condition
☐ Other:

Please provide a brief history with date of onset, symptoms and treatments:

Current Diet	Amount Fed	
	AM	PM
Does the above-named dog currently receive a prescription diet?	☐ Yes	☐ No
If yes, what is the name of the diet and why has this diet been recommended?		

Name of Veterinarian		
Signature of Veterinarian		Date Signed: (M/D/Y)
Clinic/Pet Hospital Name		
Address		

Thank you so much for taking the time to complete this Health Report.

We appreciate all the care you provide for our Dog Guides!

*Please send this Dog Guide Health Report to: **sdhealthreport@dogguides.com***

Dog Guides Canada remains the legal owner of the above-named dog until the time of retirement. As a graduate from our organization, the client is financially responsible for all veterinary care for the Dog Guide

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