



**Furry
Friends
Pet
Assisted
Therapy
Services**

Furry Friends Pet Assisted Therapy Services' mission is to consistently facilitate the delivery of the love and affection of our volunteers and their pets. We enhance the lives and reopen the closed emotional doors of people with special needs.

We're Licking Loneliness!

VACCINATION/FECAL RECORD

DIRECTIONS TO VETERINARIAN:

Please complete all items below that pertain to the animal you are treating.

Owner's Name: _____ Email: _____ Phone (____) _____ - _____

Pet's Name _____ Species: _____ Breed: _____ Age: _____
(approximate)

1. FECAL CHECK: (see reverse side of this form for exceptions)

Date of last fecal **or** de-worming: ____/____/____ Results: Negative / Positive
OR

Fecal test not needed, pet is on the following medication that is **LABELED** to prevent roundworms and hookworms:

2. CANINE VACCINATION RECORD: Please give the dates of last exam/vaccinations.

DATE OF LAST ANNUAL EXAMINATION: ____/____/____ (valid for 1 year only)

RABIES: ____/____/____ (1 or 3 year ?)

DA2PL / PARVO: ____/____/____ (1 or 3 yr ?) **OR** DA2P / PARVO: ____/____/____ (1 or 3 yr ?)

3. FELINE VACCINATION RECORD: Please give dates of last exam/vaccinations.

DATE OF LAST ANNUAL EXAMINATION: ____/____/____ (valid for 1 year only)

RABIES: ____/____/____ (1 or 3 year ?) FVRCP: ____/____/____ (1 or 3 year ?)

4. OTHER ANIMAL VACCINATION RECORD:

Please give dates of last vaccinations appropriate to the species. Also, please state the duration of the vaccine.

FOR ALL PETS:

This pet is a Pet Therapist who regularly visits patients. Many of the patients that this pet is in direct contact with have compromised immune systems. Based on your annual examination and the pet's past health record, are there any reasonable health risks to the humans who come in contact with this pet ? _____

Yes or No Initial

Veterinarian's signature Veterinary Hospital Name (____) _____ - _____
Phone Number Date

Furry Friends Pet Assisted Therapy Services
a California non-profit organization

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**FURRY FRIENDS
PET ASSISTED THERAPY SERVICES
VACCINATION POLICIES**

Fecal Exams and Prevention Programs

The only worm prevention programs accepted by Furry Friends PATS in lieu of annual fecal tests or deworming are medications that are **LABELED** to prevent roundworms and hookworms. Some examples are Heartgard Plus, Iverhart Plus, Sentinel, Trifexis, Advantage Multi, and Revolution (cats only).

However, annual fecal tests are still encouraged by Furry Friends (even if your pet is on one of these programs) because there are other health problems that can be detected with these tests. A positive result for non-contagious parasites may not disqualify the animal.

Flea prevention programs such as REVOLUTION, ADVANTAGE, PROGRAM, FRONT LINE, BIOSPOT, etc. do not prevent or kill roundworms, and hookworms. These types of worms can lie dormant in fecal for weeks or even months. Note that regular Heartgard kills only heartworm larvae and will not be accepted.

Distemper/Parvo or FVRCP

Every dog or cat must be either vaccinated for this, or, if deemed appropriate by the animal's veterinarian, protective titers will be accepted.

Rabies

State law requires dogs and cats to be vaccinated against rabies, regardless of whether they are an indoor or outdoor pet. Titers will not be accepted for rabies.

Hookbills

Hookbills (parrots, parakeets, and cockatiels) can be used for PATS visits. These birds should be checked for Tuberculosis (TB) and have an elisa test for psittacosis. Although a fecal exam is not necessary, they are a valuable aid in maintaining healthy birds. Birds are not suggested for immuno-compromised clients unless there has been a bacterial culture on the choana and cloaca – found to be normal.