



60735 Dillon Rd, Whitewater, CA 92282  
PO Box 1692 Palm Springs, CA, 92263  
Ph: 760-329-6257 | Fax: 760-329-2866

## Veterinarian Physical Exam

Guide Dog's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Guide Dog Handler: \_\_\_\_\_

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please give a general condition in the following areas:

Skin	
Coat	
Mouth	
Ears	
Eyes	
Nails	
Hip	
Paws	

Please give the due dates of the dog's vaccinations:

DA2LPP-C	
Rabies	
Other	

What is the dog's current weight? \_\_\_\_\_

Is this within normal limits?  Yes  No

How much water is given per day? \_\_\_\_\_

Does dog seem hydrated?  Yes  No

What type/brand of food is being fed? \_\_\_\_\_

How many cups? \_\_\_\_\_

How often? \_\_\_\_\_

If overweight, have you discussed a weight management plan?

What is the plan? \_\_\_\_\_

\_\_\_\_\_

Please describe any other problems, medications, etc. (include preventatives such as Frontline Plus, Heart Guard): \_\_\_\_\_

\_\_\_\_\_

In your professional opinion is the dog in good health and well cared for? \_\_\_\_\_  
\_\_\_\_\_

How was the dog's behavior during the exam? \_\_\_\_\_  
\_\_\_\_\_

Please use this space for any additional Comments or concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Veterinarian: \_\_\_\_\_ License Number: \_\_\_\_\_

Please print

Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

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

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

Phone: \_\_\_\_\_

ALL INFORMATION IS CONFIDENTIAL.

Thank you very much for your assistance.

Please Fax completed Evaluation to: Guide Dogs of the Desert

or you may email your Evaluation to: [admissions@gddca.org](mailto:admissions@gddca.org)

Admissions Office Number: 760-329-6257

Fax number: 760-329-2866