

Veterinary form

Ask your Vet to fill in the below. Please then return it to us with your completed application form.

Applicants name: Date

The person named above has requested that their dog be considered for training as a registered Medical Alert Dog. As the dogs wellbeing is paramount and the training can be demanding we ask if you would complete the following to help us make an accurate evaluation.

Medical Detection Dogs greatly appreciates your time and attention in completing this form.

Dog Name

Age:

Is this dog microchipped?: Yes No

If yes what is the microchip number?

Vaccinations up to date Yes No

Does the dog receive routine preventative healthcare eg.worming? Yes No Don't know

Do you consider this dog to be healthy? Yes No

If no why?
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Do you feel there would be any reason why this dog should not be trained as a registered Medical Alert Dog?

Yes No

If yes why?
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Vet Name:

Signature: Date

Practice address:
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..... Postcode: