



CORNELL COMPANIONS Animal Health Screening Form

Dear Doctor:

Thank you for performing an examination of this pet for participation in the CORNELL COMPANIONS pet visiting program. This is a visiting-animal program in which volunteers and their pets visit people in nursing homes, hospitals, schools, and other institutions.

Cornell Companions has operated the program for 7 years. The program is distinguished by its attention to training the volunteer, evaluating the human-animal team, and concern for the health of the animal. 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. The role of the veterinarian is very important in this regard. The animal you are about to examine will be evaluated by a Delta-trained (www.deltasociety.org) and licensed team evaluator to test the animal's suitability for visiting. The evaluation requires the animal to demonstrate certain basic obedience skills such as "sit," "stay," and "leave it." The evaluator will note whether the animal accepts being petted, sometimes roughly, and by multiple people simultaneously. Equally important, the Evaluator will assess the animal's temperament and aptitude in a simulated healthcare setting. The animal will be observed as it reacts to loud noises, wheelchairs, walkers, and people with stumbling gait and/or speech impediments.

You are being asked to assess the animal's overall health and any notable reactions to the process of physical handling. Please complete the enclosed health screening forms; you may substitute your own forms if you prefer, so long as all issues are addressed. Be sure each section has been filled out. The animal's owner is responsible for getting the health-screening forms to Cornell Companions. These forms will be reviewed by our staff, along with the results of the evaluation, to determine the team's suitability to do visiting-animal work.

As you well know, there is often not a consensus of opinion among those in the veterinarian community about immunizations, and state laws with respect to rabies vaccinations vary. Our volunteers are very responsible pet owners and have long-term and trusting relationships with their veterinarians. Rather than attempting to prescribe immunizations schedules for dogs and cats (other than compliance with state laws with respect to rabies vaccination), Cornell Companions will rely on your medical judgment and knowledge of the animal's health history and status. We want to be assured that the animal's immunity levels are sufficient enough that participation in Cornell Companions will not harm it. Likewise, we need to be sure that our program's animals will not put seriously ill people at risk. Please also consider that visiting-animals may be exposed to zoonotic agents because they visit people in healthcare facilities. As this animal's veterinarian, you are the best person to render the overall opinion of the animal's health.

Thank you for your part in making the Cornell Companions program safe and rewarding for our two hundred volunteers, 180 animals and hundreds of people in need. We would be pleased to provide you with information for your office waiting area to encourage more pet owners to become involved in the Cornell Companions Program. For information check our web site at <http://www.vet.cornell.edu/public/companions/>, or contact us at 607.253.3442.

Sincerely,

Robin Hamlisch, a.c.s.w.
Director
Cornell Companions

CORNELL COMPANIONS Animal Health Screening Form
 (adapted from Pet Partners, Delta Society)

Handler/Owner: Complete this section for review by your veterinarian.

Owner/Handler's Name:	Date:
Animal's Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Species/Breed:	<input type="checkbox"/> Intact <input type="checkbox"/> Altered
Animal's Lifestyle: <input type="checkbox"/> active <input type="checkbox"/> moderately active <input type="checkbox"/> sedentary	
Is animal boarded at kennels? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, how often?)	
What activities do you do with your animal that expose it to other animals? <input type="checkbox"/> dog/cat shows <input type="checkbox"/> state/county fairs <input type="checkbox"/> other (identify):	
Does your animal spend time outdoors (other than for routine walks)? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain:)	
Veterinarian: Please complete the remainder of this form. Dear Doctor: All sections of this form are to be completed. You may use your own health-screening form if it addresses all the categories identified in this form. How long have you known the handler? _____ the animal? _____	
Section 1: General Health of the Animal The overall health of this animal is (select one): <input type="checkbox"/> Excellent (No serious chronic diseases or disorders) <input type="checkbox"/> Very good (Minor complaints associated with normal aging) <input type="checkbox"/> Good (Chronic conditions with occasional flare-ups) <input type="checkbox"/> Poor (Serious chronic condition requiring ongoing treatment)	
Vital signs: Pulse: Temperature: Respiration: Weight:	Medications:
How often do you see this animal?	
<input type="checkbox"/> at least annually <input type="checkbox"/> wellness program <input type="checkbox"/> only when ill or injured <input type="checkbox"/> every _____ months	<input type="checkbox"/> other (please explain)

Section 2: General Systems Evaluation

Please list the findings and comment on any abnormal finding, e.g., heart is abnormal, dog has a systolic heart murmur. Note any physical problems that might put the animal at risk while on visits, e.g., arthritis, painful ear infection, etc.

<i>System</i>	<i>Normal</i>	<i>Abnormal</i>	<i>Findings/Comments</i>
General Appearance	—	—	
Skin/coat	—	—	
Musculo-skeletal	—	—	
Heart/Lungs	—	—	
Digestive	—	—	
Urogenital	—	—	
Eyes/Ears	—	—	
Nervous	—	—	
Lymph Nodes	—	—	
Mucous Membranes	—	—	
Teeth/Mouth	—	—	

**Section 3:
Vaccinations and Tests for Dogs and Cats
(See following pages for other species.)**

Cornell Companions believes that the veterinarian, and the pet's owner are in the best position to decide what types of tests and immunizations are appropriate for the animal. To participate in the Cornell Companions program, rabies immunizations are required for domesticated species as prescribed by state law. Any specifically listed vaccinations and tests are required for that species of animal. Animals that visit people in hospitals, nursing homes, and other healthcare facilities need to be healthy, clean, and well mannered so that they pose little risk to patients. It is equally important to minimize risk to animals that may be exposed to zoonotic agents that could cause harm to an immune compromised, unhealthy, or highly stressed animal.

	<i>Vaccination</i>	<i>Date it Expires</i>	<i>Test</i>	<i>Result</i>
Species				
Dogs	Rabies (state law)		Other (list)	
Cats	Rabies (state law)		FelV	
	Other (list)		Other (list)	

**Section 4:
Parasite Control for Dogs and Cats**

External parasite control will vary depending on your geographic area of the country. For your geographic area please indicate:

Parasite(s) controlled for:

Method of control:

Internal parasite control will have some variation depending on your geographic area of the country. The Cornell Companions Program **requires** annual fecal tests to check for internal parasites such as hook, whip, tape, and roundworms, etc. Annual tests are **required** even if your dog or cat is on preventative medication.

Date of last fecal exam: _____

Results: _____

**Section 5:
Overall Assessment for Dogs and Cats**

In your professional judgment, is this animal a good candidate for the Cornell Companions Program? __Yes __No

Please record additional comments or recommendations:

Signature of DVM: _____ Date: _____

Address: _____ Phone: _____

Section 6: Vaccinations and Tests for Other Species

Species	Vaccination	Expiration Date	Test	Result
Birds			Salmonella	
			Avian TB	
			Chlamydia/Psittacosis	
			Other	
Guinea pigs/ Rabbits			Pasturella (required for rabbits)	
			Coccidiosis	
			Salmonella	
	Other		Other	
Pigs	Rabies		Mites (skin scraping)	
	Erysipelas			
	Pasturella			
	Other		Other	
Horses	Rabies		Other	
	Influenza			
	Tetanus			
	WEE/EEE/VEE			
	Other			
Sheep/ Llamas/ Goats	Rabies		TB	
	Clostridium		Brucellosis	
	Tetanus		Other	
	Other			

Section 6 continued

External parasites for llamas and goats: Required screening and control for lice.
Internal parasite control for horses: The Cornell Companions Program **requires** annual fecal tests to check for internal parasites such as hook, whip, tape, and roundworms, etc., however your veterinarian may require more frequent testing and treatment. Annual fecal tests are **required** even if your horse is on preventative medication.

Date of last fecal exam: _____
 Results: _____

Section 7:

Overall Assessment for Other Species

In your professional judgment, is this animal a good candidate for the Cornell Companions Program? __Yes __No

Signature of DVM: _____ Date: _____
 Address: _____ Phone: _____
