



Golden Retriever Club of South Australia Inc



The Community Visitors Scheme (CVS), funded by the Australian Government



CARING CANINE COMPANIONS

PO Box 186

Welland SA 5007

Email: caringcaninecompanions@hotmail.com

Phone 0450 504 871

CANINE WELLNESS CHECK

Dear Veterinary Surgeon

Thank you for completing this health check. We appreciate that your time is precious. Your patient is currently a member of Caring Canine Companions, providing important pet companionship and interaction with residents in one or more Aged Care Facilities. As part of our Federal Government funded program (the Community Visitors Scheme) we are required to provide this service according to the highest possible standards, hence we want to ensure that our dogs will be physically capable to fulfil their role, without suffering any pain or discomfort.

The role may entail:

- walking on slippery flooring, up and down stairs
- standing for extended periods
- getting up from a slippery surface
- walking a considerable distance
- jumping up on a bed or standing on the back legs so that a convalescing resident may pat them

Visits are generally one hour in duration, never longer than two hours.

Thank you for your support.

Kindest regards

Daniela Pesavento
Co-ordinator

Date:

Owners name:

Dogs name:

Breed:

Dog's Date of Birth:

Microchip:

Does the dog show any signs of discomfort on palpation of hips? R YES /NO

L YES /NO

Does the dog show any signs of discomfort on palpation of forelimbs? R YES /NO

L YES /NO

Does the dog show any signs of discomfort on palpation of spine? YES /NO

Does the dog show any signs of discomfort on palpation of neck? YES/NO

Does the dog show any signs of mobility issues? YES/NO

Is the dog showing any signs of dental or gum disease? YES/NO

Is the dog showing signs of any urinary issues, e.g. incontinence? YES/NO

Has the dog lost or gained any significant amount of weight? Loss/Gain YES/NO

Does the dog have any tumors that may cause issues if touched or knocked? YES/NO

Is the dog on any medication or treatment? YES/NO

What kind?

Are there any medical issues that you believe could cause this dog discomfort or more stress by visiting Aged Care Facilities? E.g. ear problems, vision loss, deafness, diabetes. Please state here:

Vaccination Date:

Last worming Date:

Veterinary Clinic:

Date

Signature