



**L.E.A.P.**  
**Literacy Education Assistance Pups**  
**Veterinarian Report**

Dear Doctor,

The dog being evaluated, along with their handler, is applying to become a pet therapy team in the Literacy Education Assistance Pups program, L.E.A.P. - a ministry of Bethel United Methodist Church. This therapy team will be working with children to assist them with their reading skills.

Would you please evaluate the animal's overall health and reactions to physical handling as outlined in the questions below?

We appreciate your partnership with us in completing these questions. Thank you very much!

Would you like to have this dog visit your family?      Yes \_\_\_\_\_ No \_\_\_\_\_

Does this dog have a good temperament?                      Yes \_\_\_\_\_ No \_\_\_\_\_

Is the general health of this dog normal?                      Yes \_\_\_\_\_ No \_\_\_\_\_

Is the general appearance of this dog normal?                Yes \_\_\_\_\_ No \_\_\_\_\_

Does this dog accept handling well?                              Yes \_\_\_\_\_ No \_\_\_\_\_

Owner's Name \_\_\_\_\_ Dog's Name \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Neutered/Spayed \_\_\_\_\_

Doctor's Name (Print) \_\_\_\_\_

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

Address \_\_\_\_\_

Doctor's Signature \_\_\_\_\_

The following vaccinations/tests are required for registration in L.E.A.P. Please attach the veterinarian's record of your dog's vaccinations along with the date given.

Vaccination/Test
DHLPP (required)
Rabies (required)
Heartworm (required)
Fecal Sample (required)
Corona -( recommended)
Bordetella (vet discretion)