

MAINE MEDICAL CENTER
THERAPY DOG PROGRAM HEALTH CERTIFICATE & OWNER WAIVER

All persons must submit an up-to-date Health Certificate on their pet BEFORE the pet will be allowed into the hospital. This form must be completed by a veterinarian, and must indicate that all immunizations are current and the pet is free of ecto- and endo-parasites.

Maine Medical Center requires this Health Certificate to protect the patient, other patients in the hospital and your pet.

Date of Annual Wellness Exam: _____,
month day year

Breed of pet _____ Sex _____ Age _____

Color _____ Name _____

is found to be free of and infectious or contagious disease, and that he/she is free of any endo-parasites (worms or other intestinal parasites) as well as ecto-parasites (fleas, ticks, lice, or mange).

Fecal Check Results _____ Date _____

DHLPP Booster Date _____ Rabies Expiration Date _____

Heartworm Check: Date Administered _____ Results _____

Veterinarian's Name _____

Veterinarian's Signature _____

OWNER WAIVER:

I, _____, certify that my pet's temperament is
(Name of Pet Owner)
stable, and that I shall be responsible of maintaining control of the pet during the visit. I accept responsibility for the pet's actions while in Maine Medical Center, including responsibility for any damage to the building or property and /or bodily injury to other patients, staff, or visitors.

I hereby release Maine Medical Center from any liability for any illness or disease that may be contracted by my pet as a result of the hospital visit.

Signature _____ Date _____
(Therapy Dog Volunteer)

Fax or mail this form back to Volunteer Services, 22 Bramhall St., Portland, ME 04102
Fax: 207 662-4123