

# Bentleys Buddies and Friends “Pawsitive Reading “Pawsitive Results”

## BBF pet policy

### Fecal Exams and Prevention Programs

The only worm prevention programs accepted by BBF in lieu of annual fecal tests or de-worming are medications that are **LABELED** to prevent roundworms and hookworms. Some examples are Heartgard Plus, Iverhart Plus, Sentinel, Trifexis, Advantage Multi, and Revolution (cats only).

However, annual fecal tests are still encouraged by BBF (even if your pet is on one of these programs) because there are other health problems that can be detected with these tests. A positive result for non-contagious parasites may not disqualify the animal.

Flea prevention programs such as REVOLUTION, ADVANTAGE, PROGRAM, FRONT LINE, BIOSPOT, etc. do not prevent or kill roundworms, and hookworms. These types of worms can lie dormant in fecal for weeks or even months. Note that regular Heartgard kills only heartworm larvae and will not be accepted.

### Distemper/Parvo or FVRCP

Every dog or cat must be either vaccinated for this, or, if deemed appropriate by the animal's veterinarian, protective titers will be accepted.

### Rabies

State law requires dogs and cats to be vaccinated against rabies, regardless of whether they are an indoor or outdoor pet. Titers will not be accepted for rabies.

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VACCINATION/FECAL RECORD

DIRECTIONS TO VETERINARIAN:

Please complete all items below that pertain to the animal you are treating.

Owner's Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Age: \_\_\_\_\_ )  
Breed: \_\_\_\_\_

1. FECAL CHECK: (see reverse side of this form for exceptions)

Date of last fecal or de-worming: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Results: Negative / Positive  
OR

Fecal test not needed, pet is on the following medication that is LABELED to prevent roundworms and hookworms:

\_\_\_\_\_

2. CANINE VACCINATION RECORD: Please give the dates of last exam/vaccinations.

DATE OF LAST ANNUAL EXAMINATION: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (valid for 1 year only)

RABIES: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ( \_\_\_\_ or 3 year?)

DA2PLI PARVO: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (1 or 3 yr.?) OR DA2Pf PARVO: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (1 or 3 yr.?)

3. FELINE VACCINATION RECORD: Please give dates of last exam/vaccinations.

DATE OF LAST ANNUAL EXAMINATION: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (valid for 1 year only) RABIES:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (1 or 3 year?) FVRCP: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (1 or 3 year?)

4. OTHER ANIMAL VACCINATION RECORD:

Please give dates of last vaccinations appropriate to the species. Also please state the duration of the vaccine.

FOR ALL PETS:

This pet is a Reading Buddy who regularly visits children. Based on your annual examination and the pet's past health record, are there any reasonable health risks to the humans who come in contact with this pet?

Yes or No Initial \_\_\_\_\_

\_\_\_\_\_  
Veterinarian's signature

\_\_\_\_\_  
Veterinary Hospital Name

(\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

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## BBF Vet Form

Owners Name: \_\_\_\_\_

Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Pet's Age: \_\_\_\_\_ years old

Weight of Pet: \_\_\_\_\_ lbs.

Breed of  
pet: \_\_\_\_\_

Species: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed or neutered?

Note to the Veterinary Professional: You are being asked to perform a suitability evaluation of the pet names above as a Reading Buddy, through the Bentleys Buddies and Friends reading program. We acknowledge that animal behavior cannot be accurately predicted and thus holds you harmless from any legal liability from your observations and recommendations below. However, your professional opinion of the suitability of this animal for reading buddy work is vitally needed for BBF to have so we can better evaluate the suitability for this animal to do the work. You must feel free to state your observations accurately below, as answers that look negative in Nature may not (in themselves) disqualify this pet from service as additional behavior tests will be administered to this pet prior to admissions to BBF.

I. Approaching the pet:

When you first approached the pet above, did he/she growl, raise his/her fur, bare teeth, or show any other exhibitions of aggression or defensive behavior? ( )

II Handling the pet:

When handling (picking up in arms or laying fully or partially in lap) the pet, did he/she growl, raise fur, bare teeth or show any other exhibitions of aggression or defensive behavior?

III. Pain Threshold:

Briefly and gently pinch the webbing between toes and pull the hair from his/her side and back. Did the pet growl, snap, bite, hiss, scratch, act fearful, or frantically) try to escape from you after administering the above test? ( )

Please provide us with a general observation about this pet.

III. Final Thoughts:

In general, do you feel that this pet will be suitable for volunteer service as a reading buddy in a school, Daycare, library or other approved BBF site? ( )

Veterinarians: Signature: \_\_\_\_\_

Address: \_\_\_\_\_

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

**BBF thanks you for your cooperation.**