



# Virginia Task Force 2 Urban Search and Rescue

Administrative Manual

3.08a Position Description:  
Program Manager

March 2019

## Post Mission Canine Health Assessment Questionnaire

Date \_\_\_\_\_

Deployment Name \_\_\_\_\_

Deployment dates \_\_\_\_\_

Handler Information:		Canine Information:	
Name _____	_____	Name _____	DOB / / Age _____
Breed _____	Color _____		
Contact #'s _____	Sex M MN F FS	Weight _____	kg _____ lb

This questionnaire is for the purposes of identifying any health issues associated with the recent deployment of your search dog to a FEMA authorized ESF-9 event and should be completed within two weeks of the deployment demobilization. Please answer as completely as possible. Any questions can be directed to the Canine Search Manager or designee. Completed forms should be returned to the VA-TF 2 office.

Was your dog exposed to any known toxins either chemical or biological during the deployment?

If so, what toxins?

Did your dog have any adverse reaction to these toxins?

If so, what were the symptoms?

Were these symptoms evaluated and treated by a qualified veterinary professional?

What was the outcome of the treatment?

Did your dog experience any injuries or illnesses during the deployment?

Describe the injury or illness and how it was treated.

Is your dog currently showing any symptoms of illness or injury? This would include no appetite, weight loss, decreased stamina, coughing, lameness, diarrhea, vomiting and essentially any symptom new or unexplained.

If symptoms of illness or injury are present how are they being addressed and by whom?

Do you feel the need for your dog to be evaluated by a veterinarian due to any incident from the deployment?