

## VETERINARIAN'S INFORMATION FORM

Please return this form to Janis Goto on your first visit.

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

Canine's name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Owner's name: \_\_\_\_\_

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

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

e-mail address: \_\_\_\_\_

Date of last physical examination: \_\_\_\_\_

\_\_\_\_\_ This patient is free of internal and external parasites.

\_\_\_\_\_ This patient appears to be free of infectious or contagious disease.

Note: Exam should be within one month of first appointment.

\_\_\_\_\_ This patient may participate in conditioning exercises with the following limitations and/or recommendations:

---

---

---

---

Please include a brief description of any medical condition that might affect his/her conditioning activity program:

---

---

---

Veterinarian's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_