

Canine Medical Information

Canine assessment to be completed by a vet for new applicants and graduates annually	
Dog's Name:	Birthday:
Breed	Phone:
Size (Height/Weight)	Gender.
Microchip Number:	Neutered/Spay:
Origin of Dog: (breeder, rescue)	All records provided?
Up to date Vaccinations:	Date:
Known Allergies:	
Assessment of dogs physical fitness and confirmation:	
Vet Initials: _____	
Dog is evidently well maintained by owner:	
Vet Initials: _____	
Does this Dog have any known medical conditions:	
Vet Initials: _____	
Is the dog on any medication or supplements other than standard vaccinations/parasite treatment:	
Vet Initials: _____	
This does is medically deemed fit to continue working for another year?	Yes No
Should this dog be considered for transition to retirement?	Yes No
This dog needs to be reassessed sooner then 1 year? When:	Yes No
Name of Veterinary clinic:	Vet Phone:
Name of Veterinarian:	Patient Since:
All information provided is accurate the best knowledge of owner and veterinarian	
Vet Signature: _____ . Date: _____	
Owner Signature: _____ . Date: _____	
Please attached previous one year of medical records & spay/neutered record if not already provided	