

VETERINARIAN'S INFORMATION FORM

Please return this form to:

Janis Goto
1780 Hanahanai Place
Honolulu, Hawaii 96821
Ph: 383-9734 e-mail: janis@cherishedmovements.com

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 _____