



**CANINE HEALTHY TO PARTICIPATE**

**FORM TO BE COMPLETED BY A LICENSED VETERINARIAN**

Participating dogs should be healthy, with normal appetite, stools, water consumption and urination habits. Dog should be alert, energetic and move comfortably at a walk and trot. Dog should not have excessive itching, coughing or diarrhea.

Participating dogs will be involved in various activities with their owners while on leash. These activities may include walking, trotting, and running, jumping, up/down stairs, standing on hind legs, frequent sit/stand or lay/stand. The activity may last from 30-60 minutes on average. Other dogs and their owners will also be present.

**Dogs must be current on the following vaccinations based on your veterinarian's protocols:**

	DATE GIVEN	DUE DATE
Bordetella (Required)	___/___/___	___/___/___
Distemper (Required)	___/___/___	___/___/___
Parvovirus (Required)	___/___/___	___/___/___
Rabies (Required)	___/___/___	___/___/___
Hepatitis (Highly Recommended)	___/___/___	___/___/___
Leptospirosis (Highly Recommended)	___/___/___	___/___/___
Canine Influenza (Required- Both Shots Complete)	___/___/___	___/___/___

*\*\*\*A copy of the medical records is also required showing matching the above dates\*\*\**

**Dogs must have a negative fecal test for intestinal parasites within the last 12 months:**

**Fecal Test (Required Annually):**

Date Tested: \_\_\_/\_\_\_/\_\_\_

Results (Circle One): Negative / Positive

**Heartworm Test (Required Annually):**

Date Tested: \_\_\_\_/\_\_\_\_/\_\_\_\_

Results (Circle One): Negative / Positive

Dog must have had a physical exam within 6 months of participation, and this form must be signed within 45 days of participation in one of our fitness programs.

I have examined the above animal within the past 6 months and find the same to be free from contagious or infectious disease and to the best of my knowledge is healthy and able to participate in the above described activities.

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

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

Printed Name: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_

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