

K-9 Rehabilitation and Fitness Center
Of Southeastern Minnesota

Fitness/Conditioning Screening

Client Name _____ Pet's name _____
 Breed _____ Date of Birth _____
 Date of last Veterinary visit/check up _____ Weight _____

Has your dog ever been diagnosed with any of the following?

Condition	Yes	No
Hip Dysplasia		
Elbow dysplasia		
Luxating patella (knee cap)		
Cruciate ligament injury		
Degenerative joint disease/arthritis		
Cardiac problems		
Respiratory problems		
Seizure disorder/Epilepsy		

Please list/describe any other medical issues your dog has: _____

Has your dog ever bitten a person? _____

Does your dog have any aggression or behavior problems? If so, please describe:

Please list any medications your dog currently takes: _____

Please indicate any activities in which your dog participates:

Competition Obedience or Rally	Flyball
Companion hunting	Field trials/hunt tests
Conformation/breed ring	agility
Search and rescue	Law enforcement
Tracking	Assistance dog work

The above information is true to the best of my knowledge. My dog does not have any medical condition which would preclude or contraindicate its participation in a fitness or conditioning program. I agree to hold harmless K-9 Rehabilitation and Fitness Center, its owners and employees for any injury or illness.

Signature of client