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Fully insured and registered with IAAT

Sports/Agility/Proactive Check Registration Form

Date:

Owner details	Mr/Mrs/Ms/Miss	**Animal details**	
Owner name		Animal name	
Address		Species & breed	
Tel: mob:		Sex: Male / Female	Neutered: yes / no
Email address		Age:	

Health and Vet history:

Veterinary Details	
Name of Veterinary Surgery:	
Address of Veterinary Surgery:	
Tel:	Email:
Vaccination due date:	Parasite control up to date? Yes/No
Is you dog from abroad? YES/ NO	IF Yes, Have they had Brucella blood test? YES/ NO
Veterinary history/past injuries,surgeries, joint issues(ie hip dysplasia)?	
Current activity-what sports, work, daily exercise routines does your dog do?	

Any known allergies	
Reason for wanting this check up/ other info that may be useful.	
Temperament or other info I should be aware of before treatment:	

Declaration:

- ***I confirm I am the legal owner of this dog.***
- ***I certify that my dog is currently in good health and not had to see a veterinary surgeon for any illness for the last month.***
- ***I understand that no hands on assessment will take place in this appointment-only general conditioning advice can be given due to this.***

Print name …… Date: ……..

Owner Signature……..

Please use the following space for any further information you wish to add: