

The Canine Fitness Centre Ltd.

4515 Manhattan Road SE

Calgary, Alberta, T2G 4B3

Phone (403) 204-0823

Fax (403) 204-0609

MEDICAL INFORMATION FORM

Owner's name:	
Address:	
Postal Code:	
Phone:	Cell:
Dog's name:	
Sex: M MN F FS	Date of birth:
Breed:	Colour:
Please provide medical history affecting the above mentioned patient:	
Surgical and/or other procedures performed and date(s):	
Medication(s):	
<input type="checkbox"/> Some insurance companies require a veterinary signature to honour claims for alternative care. Please tick this box to acknowledge that this care is being provided by the Canine Fitness Centre.	
Veterinarian's name (print): _____	
Veterinarian's signature: _____	
Clinic: _____	
Date: _____	