

Canine Assistants Weight Management Form

Recipient Name: _____

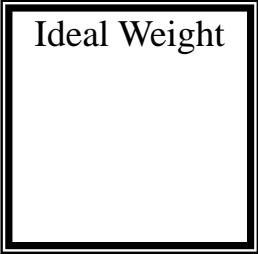
Home Address: _____

Phone Number: _____

Dog's Name: _____

Dog's Placement DATE: _____ Placement WEIGHT: _____

Feeding Instructions: _____



* You may need to adjust the amount of food you are feeding your dog according to activity level and/or appearance. Feed less if your dog gains weight or if your dog is not getting as much exercise due to weather or inactivity. *

For Veterinary Use Only

Veterinarian's Name: _____

Veterinarian's Address: _____

Veterinarian's Phone Number: _____

Weight as of (MM/YY) _____: _____

Veterinarian's Signature: _____

Please return signed form directly to:
Canine Assistants Vet Clinic
3160 Francis Rd.
Milton, GA 30004
1-800-771-7221 ext. 211
Fax: 770-664-7820
vetclinic@canineassistants.org