



# KENNEL EXERCISE AND SOCIALIZATION FORM

## Attending Veterinarian's Information:

(Please Print Clearly)

\_\_\_\_\_  
(First Name)                      (Middle Name)                      (Last Name)                      DVM / VMD  
(circle one)

\_\_\_\_\_  
(Clinic Name—if any)                      (State Veterinary License Number)

\_\_\_\_\_  
(Address)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(City)                      (State)                      (Zip Code)

( )-( )-( )                      ( )-( )-( )                      ( )-( )-( )  
(Work Phone)                      (Home Phone)                      (Cell Phone)

\_\_\_\_\_  
(E-mail)                      (Web Site)

I certify that I am currently a practicing and licensed veterinary practitioner in the state of \_\_\_\_\_  
and that I approve the attached exercise and socialization program for puppies and adult dog owned by the below listed breeder:

\_\_\_\_\_  
(Veterinarian's Signature)                      / /  
(Date)

## Breeder's Information:

(Please Print Clearly)

\_\_\_\_\_  
(First Name)                      (Middle Name)                      (Last Name)

\_\_\_\_\_  
(Kennel Name—if any)

\_\_\_\_\_  
(Address)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(City)                      (State)                      (Zip Code)

( )-( )-( )                      ( )-( )-( )                      ( )-( )-( )  
(Work Phone)                      (Home Phone)                      (Cell Phone)

\_\_\_\_\_  
(E-mail)                      (Web Site)

Please attach your attending veterinarian's approved exercise and socialization protocols for your puppies and adult dogs.

Mail this form to: American Canine Association, Inc. • PO Box 121107 • Clermont, FL 34712