

# Plympton Vet Clinic - Veterinary Clearance Form

Animal name: \_\_\_\_\_

Age: \_\_\_\_\_

Breed: \_\_\_\_\_

Owner name: \_\_\_\_\_

## Summary of relevant medical history:

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## Existing medical conditions

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## Current Medications (if any)

Medication	Dose	Frequency

I, .....(Veterinarian)

Of .....(Vet clinic & phone number)

believe that ..... (pet name)

**IS in sufficient health and fit to board at Plympton Veterinary Clinic**

**IS NOT in sufficient health and fit to board at Plympton Veterinary Clinic**

Signature: ..... Date Pet Seen: .....