

KUDA DECLARATION OF HEALTH

Name of Client:			
Contact Number:		Name of Animal:	
Microchip Number:		Species:	
Age:		Gender:	

To your knowledge, has the animal suffered from any ailment during the past 12 months? If yes please specify the following?					
Nature of the ailment:					
Date:					
Attending Vet:					
Treatment given:					
Has the animal fully recovered? (please tick one)		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
What is the current condition of the animal? (please tick one)		Good	<input type="checkbox"/>	Average	<input type="checkbox"/>
Is the animal currently healthy? If not please supply details.					
Date of Last Inspection:					
Time of Last Inspection					

Signature:		Date:	
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