

Exercise Plan for Commercial Kennel Nursing Mothers

Date Created:

SECTION 1.

A. Licensee / Kennel Owner	B. Veterinarian
1. Kennel License Number	1. Name
2. Kennel Name	2. Clinic/Hospital Name
3. Owner Name	
4. Mailing address	3. Business Address
5. City, State, and Zip Code	4. City State and Zip Code
6. Telephone No. (business)	5. Telephone No. (business)

SECTION 2. DAILY EXERCISE PLAN:

A. Frequency (how many times per day)
B. Method (kennel run, exercise yard, walked on a leash, etc.)
C. Duration (length of time)

I understand my responsibilities to follow the exercise requirements as outlined in this plan.

Signature of licensee/kennel owner	Date
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***Please keep a copy of this Exercise Plan with your records at the kennel site.**