



**OCTOBER 12 2016**

**NATIONAL PET OBESITY AWARENESS DAY**

**Clinic Name**

**Email**

**Clinic Phone**

**Clinic Address**

**City**

**State**

**Zip Code**

Pet's Name	D=Dog C=Cat	Breed	Age (yrs)	Sex (F, M FS, MN)	Total # of Dogs in Household	Total # of Cats in Household	Owner Assessment of Weight Thin=1 Normal=2 Ideal=3 Overweight=4 Obese=5	Body Condition Scoring System Very Thin=1 Underweight=2 Ideal=3 Overweight=4 Obese=5 (Use whole numbers only)	Weight (lbs)	Previous Medical Conditions

**Fax, email or mail forms to:**  
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