

Iowa Kennel Assurance Program

EXERCISE & SOCIALIZATION PLAN

Kennel Name: _____

In developing an exercise plan, consider providing positive physical contact with humans and other dogs that encourages exercise. If dogs are maintained without sensory contact with other dogs, they will be provided with daily physical contact with humans.

My dogs are over 12 weeks of age (except bitches with litters), and are housed individually in a cage, pen, or run that provides the floor space required for that dog.

My dogs are over 12 weeks of age and are housed in compatible groups in a cage, pen or run that provides, in total, the required space for each dog.

Please describe the exercise provided to your dogs to meet the exercise requirements:

A. Frequency & Duration:

B. Method:

C. Brief Description:

Special Considerations and Exemptions: Decisions regarding exemptions from exercise are the responsibility of the attending veterinarian and must be appropriately documented. Dogs may be exempt from the exercise period if any of the following conditions exist:

1. During the Quarantine Period
2. Infectious or Contagious Disease
3. Postoperative Period
4. Other Situations that may limit the activity level of the dog.

I. I have read the regulations pertaining to the need and requirements for a written exercise plan for my dogs and hereby submit this completed "Exercise Plan for Dogs."

Owner/Breeder Signature

Date

II. I have read and approve this exercise plan.

Veterinarian Name (type or print legibly)

Veterinarian Signature

Date

NOTE: The veterinarian is not required to inspect or visit the kennel prior to approving this plan.