



For Internal Use Only:
Category:

Health Information Submission Form Report of Health Issue or Problem

Registered Name of Alaskan Klee Kai: _____

UKC Reg. Number: _____

Date of Birth: _____

Call Name: _____

Circle: Male / Female ~ Intact: Yes / No ~ Neutered / Spayed

Name of Registered Owner(s): _____

E-Mail Address: _____

Owner(s) Mailing Address: _____

Phone Number: _____

(____) _____

I understand that this information will be shared anonymously with the Alaskan Klee Kai community and am reporting this information willingly in order to contribute to the health database knowledge for the Alaskan Klee Kai. I also understand that this information is being managed by the Health and Medical Research Committee of the Alaskan Klee Kai Association of America, Inc.

Owner's Signature _____

Date _____

Please provide as much information as you can. You may be called for further information if we need clarification for the purposes of codifying the data.

Describe Health problem or issue: _____

Date started: _____ How Diagnosed? _____

How treated? _____

If possible, please include copy of any lab reports, and veterinarian comments: _____

How is your dog doing now? _____

Please include any other information you think would be helpful,
and then send this completed form and any supporting data to:

Lo Binkley
77 W Avenida de Las Flores
Thousand Oaks, CA 91360
lobink@roadrunner.com
805-379-0770 or 805.279-0771

Thank you for helping us to assure healthy Alaskan Klee Kai!
CaseReportForm09.06