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It is imperative that all dogs be cleared by their veterinarian prior to beginning any stretching program.

Date _____ Dog Name _____
 Age _____ Owner Name _____
 Phone Number _____ E-mail _____

Stretch	Yes	No	Modify (please specify)
Shoulder Flexion 			
Shoulder Extension 			
Shoulder Abduction 			
Shoulder Adduction 			
Elbow Flexion 			
Elbow Extension 			
Carpus Flexion 			
Carpus Extension 			

Stretch	Yes	No	Modify (please specify)
Forelimb Foot Flexion/ Extension 			
Hip Flexion Straight Leg 			
Hip Flexion Bent Leg 			
Hip Extension 			
Hip Abduction 			
Stifle Flexion 			
Stifle Extension 			
Hock Flexion 			
Hock Extension 			

Stretch	Yes	No	Modify (please specify)
Hind Limb Foot Flexion/ Extension 			
Neck Flexion 			
Neck Extension 			
Neck Rotation 			
Neck Lateral Bend 			
Back Flexion 			
Back Extension 			
Back Rotation (Hip Adduction) 			
Other Recommendations:			

Prepared by: _____