

CONTACT INFORMATION

OWNER'S INFORMATION

Name: _____
Address: _____
City _____ STATE _____
Home Phone: _____
Cell Phone: (_____) _____
Work Phone: (_____) _____

VETERINARIAN'S INFORMATION

Name: _____
Address: _____
City _____ STATE _____
Phone: (_____) _____

EMERGENCY CONTACT INFORMATION

Name: _____
Relationship: _____
Phone: (_____) _____
Emergency #: (_____) _____

GROOMER'S INFORMATION

Name: _____
Phone: (_____) _____
Collar Size: _____
Last Shampoo: _____
Last Bath: _____
Comments: _____

PET'S INFORMATION

Name: _____
Gender: _____
 Spayed Neutered
Breed: _____
Date of Birth: _____
Height: _____ Weight: _____
Registration#: _____
Registered Name: _____
Sire's Reg. #: _____
Sire's Name: _____
Sire's Breed: _____
Dame's Reg. #: _____
Dame's Name: _____
Dame's Breed: _____

PET'S IDENTIFICATION

Microchip ID Number: _____
License Number: _____
Collar Color: _____
Identifying Markings: _____

SPECIAL MEDICAL INFORMATION

Diet: _____

Allergies: _____

Medical Conditions: _____

DOG HEALTH RECORDS

keeping track of your pet's health

"Your Pet's Photo"

Name: _____
Date of Birth: _____
Breed: _____
Sex: _____
Markings: _____
Veterinarian: _____



VACCINATION HISTORY

Age	Date	Distemper-Hepatitis	Canine Parvovirus	Parainfluenza	Rabies	Leptospirosis	Bordetella	Lyme	Dental
___ wks	_____	0	0	0	0	0	0	0	0
___ wks	_____	0	0	0	0	0	0	0	0
___ wks	_____	0	0	0	0	0	0	0	0
___ wks	_____	0	0	0	0	0	0	0	0
___ wks	_____	0	0	0	0	0	0	0	0
1 year	_____	0	0	0	0	0	0	0	0
2 years	_____	0	0	0	0	0	0	0	0
3 years	_____	0	0	0	0	0	0	0	0
4 years	_____	0	0	0	0	0	0	0	0
5 years	_____	0	0	0	0	0	0	0	0
6 years	_____	0	0	0	0	0	0	0	0
7 years	_____	0	0	0	0	0	0	0	0
8 years	_____	0	0	0	0	0	0	0	0
9 years	_____	0	0	0	0	0	0	0	0
10 years	_____	0	0	0	0	0	0	0	0
11 years	_____	0	0	0	0	0	0	0	0
12 years	_____	0	0	0	0	0	0	0	0
13 years	_____	0	0	0	0	0	0	0	0
14 years	_____	0	0	0	0	0	0	0	0
15 years	_____	0	0	0	0	0	0	0	0
16 years	_____	0	0	0	0	0	0	0	0

FECAL/DEWORMING

Date	Results
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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MEDICAL NOTES

Date	Results
_____	_____
_____	_____
_____	_____
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HEARTWORM HISTORY

2 - 5 Weeks	Date	Vaccination
First deworming at 2 weeks		
Second deworming at 4 weeks		

6 - 12 Weeks	Date	Vaccination
Third deworming at 6 weeks		
Fourth deworming at 8 weeks		
Fifth deworming at 10 weeks		
Sixth deworming at 12 weeks		