**Puppy Health Record**

[CUSTOMIZE WITH KENNEL NAME

AND CONTACT INFORMATION HERE]

Puppy Name or Identifier(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Litter Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Microchip Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diet:** [INSERT BRAND AND AMOUNT OF FOOD FED PER DAY]

**Health Testing and Health History:** [Describe here if the puppy or parents have had any health testing and/or if the puppy has any known genetic diseases and/or if the puppy has had any health problems (parasites, pneumonia, infection, heart murmur, etc]

**Vaccinations:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Age | Date | Manufacturer | Diseases Covered | Sticker from vaccine vial |
|  |  |  |  |  |
|  |  |  |  |  |

**Vaccine Source Statement:**The vaccine(s) administered to this animal were purchased from [INSERT SOURCE HERE] and were shipped directly to my home. When they arrived, it was confirmed that the ice pack was still frozen and that the vaccines were cold. The vaccine(s) were then transferred directly to a refrigerator for storage until they were used to vaccinate this pet.

**Deworming:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Age | Date | Weight (units) | Amount of pyrantel pamoate (units) | Concentration of pyrantel pamoate (mg/mL) |
| 2 weeks |  |  |  |  |
| 4 weeks |  |  |  |  |
| 6 weeks |  |  |  |  |
| 8 weeks |  |  |  |  |

[ANY ADDITIONAL COMMENTS, NOTES, OR RECORDS CAN BE ADDED HERE]

By signing below, I certify that the information reflected in this document is true and complete to the best of my knowledge. I am available to clarify any of the above information via the contact information listed above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature