

Pet Contact Information

	Name	Phone	Address
Veterinarian			
Shelter or Rescue Group			
Groomer			
Pet Sitter or Kennel			
Emergency Contact			
Trainer or Behaviorist			
Poison Control			
Microchip Company			

Dog Health Record

Microchip Number **and** Company:

Pet's Name:

Vaccination History

Age	Due Date	Date Given	Weight	Distemper	Hepatitis	Leptospirosis	Parvovirus	Parainfluenza	Coronavirus	Bordetella	Rabies
Week											
Week											
Month											
Month											
1 Year											
2 Years											
3 Years											
4 Years											
5 Years											
6 Years											
7 Years											
8 Years											
9 Years											
10 Years											

Medical & Surgical History

Date	Procedure

Deworming

Date	Treatment	Next Fecal Exam

Heartworm Test

Date	Prevention / Treatment	Next Exam