

Pet Record



Your Dog's Name: _____

Name on Your Dog's Pedigree (if applicable): _____

Description of your dog (Breed, sex, color, markings): _____

Your Dog's Birthday: _____

Your Dog's License No.: _____

Your Dog's Rabies Tag No.: _____

Your Dog's Microchip ID No.: _____

Your Name: _____

Your Address: _____

Your Home Phone: _____ Alt. Phone: _____

If you cannot be reached,

Name of Emergency Contact: _____

Emergency Contact's Phone: _____

Your Dog's Veterinarian: _____

Address: _____

Phone: _____

When your Vet is not available,

Animal Emergency Clinic: _____

Address: _____

Phone: _____

Pet Sitter / Dog Walker Name: _____

Phone: _____

Groomer's Name: _____

Phone: _____

Boarding Kennel: _____

Address: _____

Phone: _____

Your Dog's Health



Vaccines:

Distemper Date given: _____
Parainfluenza Date given: _____
Bordetella Date given: _____
Parvovirus Date given: _____
Rabies Date given: _____
Coronavirus Date given: _____
_____ Date given: _____
_____ Date given: _____
_____ Date given: _____
_____ Date given: _____

Fecal Exams / Deworm Date given: _____ Results: _____
Date given: _____ Results: _____
Date given: _____ Results: _____
Date given: _____ Results: _____
Date given: _____ Results: _____

Heartworm Treatment

Medication: _____ Beginning Date: _____
Medication: _____ Beginning Date: _____
Medication: _____ Beginning Date: _____

Other Medical Notes (Surgeries, etc.)

Attach a Photograph of your Dog
for Identification

Weight Record:

Date: _____ Weight: _____
Date: _____ Weight: _____
Date: _____ Weight: _____
Date: _____ Weight: _____
Date: _____ Weight: _____