

Pet Health Record

Name:			Sex:	
Color:	DOB:	Age:	Weight:	
Origin/ Shelter:	Mi	icrochip#:		

VACCINATIONS

** Be sure to add any vaccinations done at the shelter, or other clinics, prior to intake **

Date Given	Age	Weight	Type/Vial Sticker	Clinic	Next Due

HE	ARTWOR	M TEST	T (IF 01	VER 8	MON'	THS O	LD):	
W Result	s:	Test Da	te:	T	reatmo	ent Date	es:	
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Fecal Test Date:	Results:

Dewormer	Product Used (Pyrantel, Panacur, Drontal
Date(s)	Plus, All Wormer, etc.)

PREVENTION SCHEDULE

Date	Type (Topical Flea/Tick or Oral Heartworm)	Product Name