

VETERINARY INFORMATION:

Date: _____

Vet Clinic: _____

Veterinarian: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone #: _____

Fax #: _____

Email address: _____

Registration name and #: _____

Nickname of dog: _____

Breed: _____

Date Whelped: _____ Color: _____

Place of Birth: _____ Sex: _____

Sire (name and breed): _____

Dam (name and breed): _____

Microchip/tattoo #: _____

Height: _____

Weight: _____

Date of last appointment: _____

Date of last Deworming: _____

Date of last vaccinations: _____

Type of vaccinations: _____

Date of last heat cycle (if applicable): _____

Date of last breeding (if applicable): _____

Any other health issues: _____

Comments: _____
