

CONTACT INFORMATION

OWNER'S INFORMATION

Name: _____

Address: _____

City _____ STATE _____

Home Phone: _____

Cell Phone: (_____) _____

Work Phone: (_____) _____

VETERINARIAN'S INFORMATION

Name: _____

Address: _____

City _____ STATE _____

Phone: (_____) _____

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship: _____

Phone: (_____) _____

Emergency #: (_____) _____

GROOMER'S INFORMATION

Name: _____

Phone: (_____) _____

Collar Size: _____

Last Shampoo: _____

Last Bath: _____

Comments: _____

PET'S INFORMATION

Name: _____

Gender: _____

Spayed Neutered

Breed: _____

Date of Birth: _____

Height: _____ Weight: _____

Registration#: _____

Registered Name: _____

Sire's Reg. #: _____

Sire's Name: _____

Sire's Breed: _____

Dame's Reg. #: _____

Dame's Name: _____

Dame's Breed: _____

PET'S IDENTIFICATION

Microchip ID Number: _____

License Number: _____

Collar Color: _____

Identifying Markings: _____

SPECIAL MEDICAL INFORMATION

Diet: _____

Allergies: _____

Medical Conditions: _____

DOG HEALTH RECORDS

KEEPING TRACK OF YOUR PET'S HEALTH

"Your Pet's Photo"



800-344-6337 | www.LambertVetSupply.com

Name: _____

Date of Birth: _____

Breed: _____

Sex: _____

Markings: _____

Veterinarian: _____

VACCINATION HISTORY

Age	Date	Distemper-Hepatitis	Canine Parvovirus	Parainfluenza	Rabies	Leptospirosis	Bordetella	Lyme	Dental
___ wks	_____	0	0	0	0	0	0	0	0
___ wks	_____	0	0	0	0	0	0	0	0
___ wks	_____	0	0	0	0	0	0	0	0
___ wks	_____	0	0	0	0	0	0	0	0
___ wks	_____	0	0	0	0	0	0	0	0
1 year	_____	0	0	0	0	0	0	0	0
2 years	_____	0	0	0	0	0	0	0	0
3 years	_____	0	0	0	0	0	0	0	0
4 years	_____	0	0	0	0	0	0	0	0
5 years	_____	0	0	0	0	0	0	0	0
6 years	_____	0	0	0	0	0	0	0	0
7 years	_____	0	0	0	0	0	0	0	0
8 years	_____	0	0	0	0	0	0	0	0
9 years	_____	0	0	0	0	0	0	0	0
10 years	_____	0	0	0	0	0	0	0	0
11 years	_____	0	0	0	0	0	0	0	0
12 years	_____	0	0	0	0	0	0	0	0
13 years	_____	0	0	0	0	0	0	0	0
14 years	_____	0	0	0	0	0	0	0	0
15 years	_____	0	0	0	0	0	0	0	0
16 years	_____	0	0	0	0	0	0	0	0

FECAL/DEWORMING

Date	Results
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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MEDICAL NOTES

Date	Results
_____	_____
_____	_____
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HEARTWORM HISTORY

2 - 5 Weeks	Date	Vaccination
First deworming at 2 weeks		
Second deworming at 4 weeks		

6 - 12 Weeks	Date	Vaccination
Third deworming at 6 weeks		
Fourth deworming at 8 weeks		
Fifth deworming at 10 weeks		
Sixth deworming at 12 weeks		