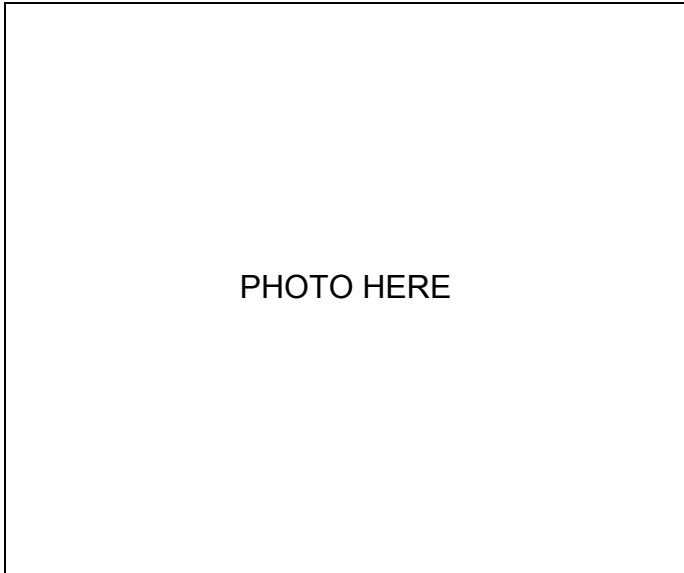


ANIMAL HEALTHCARE RECORD

Owner: _____
 Owner #: _____

Veterinarian: _____
 Veterinarian #: _____



Name: _____
 DOB: _____ Species: _____
 Tag #: _____
 Tattoo #: _____
 Registration #: _____

LINEAGE

Sire Name: _____
 Sire #: _____
 Dam Name: _____
 Dam #: _____

MEDICAL TREATMENTS

Date	Treatment	Notes

Additional treatments may be listed on back.

VACCINATIONS

Vaccine	Date	Boosters

Vaccine	Date	Boosters

PHYSICAL OBSERVATIONS

Date	Weight	Height/Length	Physical Observations