**Pet Health Record**

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| --- | --- | --- |
| Pet Information: | Birth Information: | Developmental Stages: |
| Pet's Name: | Birth Date: | Eyes Open: |
| Breed: | Birth Time: | Introduction to Solid Food: |
| Registered Name: | Birth Weight: | Weaned: |
| Registered Number: | Sex: | Teeth Erupted: |
| Sire: | Color: | Other: |
| Dam: | Markings: |
| Breeder: |

**Vaccinations:**

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| --- | --- | --- | --- |
| Date Given: | Type of Vaccine(Distemper, Corona,Bordetella, Rabies, etc.): | Manufacturer and Lot Number: | Location and Route Given (SQ, IM, left leg, above the shoulder blades, etc.): |
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**Parasite Control:**

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| --- | --- | --- |
| Date: | Name of Parasite Control Product: | Manufacturer and Route Given: |
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**Examinations or Procedures Performed by Owner or Veterinarian:**

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| --- | --- | --- |
| Date: | Findings and Comments: | Owner or Veterinarian Initials: |
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