

Breeder's Health Record

Litter information:

Date litter was whelped: _____ AKC litter number: _____

Sire's name: _____ AKC number: _____

Dam's name: _____ AKC number: _____

Worming treatment(s):

Date: _____ Medication used: _____ Worms found? _____

Date: _____ Medication used: _____ Worms found? _____

Date: _____ Medication used: _____ Worms found? _____

Vaccination(s):

Date: _____ Vaccination for: _____ Brand name; batch #: _____

Date: _____ Vaccination for: _____ Brand name; batch #: _____

Date: _____ Vaccination for: _____ Brand name; batch #: _____

Date: _____ Vaccination for: _____ Brand name; batch #: _____

Other notes:

The following veterinarian examined this puppy:

Name: _____ Date of examination: _____

Address: _____ Phone number: _____

Breeder: _____

Address: _____ Phone number: _____