

Puppy Health Card

● Date of birth: _____ Sex: _____ Color: _____

● (If Applicable) Litter ID# _____ Breeder Name & Contact: _____

Dam Name: _____ *Weight:* _____

Sire Name: _____ *Weight:* _____

● Puppy Weight & Growth Rate

8 wks: _____ 12 wks: _____ 16 wks: _____

6 mos: _____ 1 year: _____

● Deworming Schedule

Week 2 Week 4 Week 6 Week 8 Week 12 Week 16 6 months 1 year

● Vaccination Schedule

DHPP (I): _____ DHPP (II): _____ DHPP (III): _____ Current Until: _____

Lepto: _____ Current Until: _____

Bordatella: _____ Current Until: _____

Additional shots: _____

Rabies ID #: _____ Current Until: _____

● Microchip ID # _____

Company: _____

● Spay/Neuter surgery date: _____

● Flea & Tick Preventative: _____

Date Administered: _____

● Heartworm Preventative: _____

Date Administered: _____

● Known Allergies: _____

● Medical History: _____

● Primary Care Veterinarian: _____ Phone Number: _____

● Pet Parent Name: _____ Phone Number: _____

● Emergency Contact: _____ Phone Number: _____