



# Veterinary Records

Canine: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Veterinary Hospital: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

## Checklist of Veterinary Records

Microchipped

Microchip Number: \_\_\_\_\_

Microchip Company: \_\_\_\_\_

Spay/Neuter

Date: \_\_\_\_\_

Veterinarian Performed: \_\_\_\_\_

Rabies

Expiration Date: \_\_\_\_\_

Veterinarian Performed: \_\_\_\_\_

Yearly Booster

Expiration Date: \_\_\_\_\_

Veterinarian Performed: \_\_\_\_\_

Did the canine change ownership?

If so, when? \_\_\_\_\_

New Owner: \_\_\_\_\_

Contact Information: \_\_\_\_\_ (Phone)

Contact Information: \_\_\_\_\_ (Email)