

# PUPPY HEALTH REPORT

## Minimum Required Vaccination Schedule

<b>6 - 8 weeks</b>	Distemper / Parvo / Adenovirus / Parainfluenza Combo Bordetella (at your veterinarian's discretion) Deworming (to be started at 2 weeks old)
<b>9 - 11 weeks (3 weeks later)</b>	Distemper / Parvo / Adenovirus / Parainfluenza Combo Corona (at your veterinarian's discretion) Deworming
<b>12 - 14 weeks (3 weeks later)</b>	Distemper / Parvo / Adenovirus / Parainfluenza Combo Corona (at your veterinarian's discretion) Rabies (required by airlines to be done at 12 weeks old) Bordetella (at your veterinarian's discretion) (nasal version <b>not</b> to be given within 5 days of departure) Deworming
<b>Annually</b>	Distemper / Parvo / Adenovirus / Parainfluenza Combo Rabies Bordetella

## Vaccination / Deworming History

(If any of these do not apply to our veterinary protocol, we will indicate "too young" or "N/A".)

**No vaccine to be given within 3 days of a puppy's flight.**

Date or Week #	Route (IM/SQ)	Initials of Administrator	Manufacturer	Vaccinations / Dewormings
				Distemper / Parvo / Adenovirus / Parainfluenza Combo
				Bordetella (at your veterinarian's discretion)
				Deworming
				Distemper / Parvo / Adenovirus / Parainfluenza Combo
				Corona (at your veterinarian's discretion)
				Deworming
				Distemper / Parvo / Adenovirus / Parainfluenza Combo
				Corona (at your veterinarian's discretion)
				Rabies (must be administered by your veterinarian)
				Bordetella (at your veterinarian's discretion)
				Deworming

The following table will be filled out by our **veterinarian** at the time the Health Certificate and Fecal Exam.

## BREEDER'S VETERINARY REPORT FORM

<p><b>BREED</b> _____</p> <p><b>DATE OF BIRTH</b> _____</p> <p><b>CARDIOVASCULAR</b>      <b>YES</b>    <b>NO</b>    <b>GRADE</b></p> <p style="padding-left: 20px;">Heart Murmur <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">General Condition _____</p> <p><b>SKIN AND COAT</b>      <b>YES</b>    <b>NO</b></p> <p style="padding-left: 20px;">Fleas/Ticks <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">Alopecia <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">Signs of Infection <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">General Condition _____</p> <p><b>EYES</b>      <b>YES</b>    <b>NO</b></p> <p style="padding-left: 20px;">Discharge <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">Vision Problems <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">Eyelash Disorders <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">Cherry Eye <input type="checkbox"/> <input type="checkbox"/></p> <p><b>MOUTH, TEETH, GUMS</b>      <b>YES</b>    <b>NO</b></p> <p style="padding-left: 20px;">Malocclusion <input type="checkbox"/> <input type="checkbox"/>      <b>SIZE</b></p> <p style="padding-left: 20px;">Overbite/Underbite <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">General Condition _____</p> <p><b>MUSCULOSKELETAL</b>      <b>YES</b>    <b>NO</b></p> <p style="padding-left: 20px;">Umbilical Hernia <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">Inguinal Hernia <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">Ortolani Sign <input type="checkbox"/> <input type="checkbox"/>      <b>GRADE</b></p> <p style="padding-left: 20px;">Patellar Luxation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">Open Fontanelle <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>      <b>SIZE (CM)</b></p> <p style="padding-left: 20px;">General Condition _____</p> <p><b>ANY ADDITIONAL NOTES</b></p> <p>_____</p> <p>_____</p>	<p><b>WEIGHT (lbs)</b> _____</p> <p><b>TEMPERATURE (F)</b> _____</p> <p><b>PULSE (BPM)</b> _____</p> <p><b>RESPIRATORY RATE (BPM)</b> _____</p> <p><b>RESPIRATORY</b>      <b>YES</b>    <b>NO</b></p> <p style="padding-left: 20px;">Coughing/Congestion <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">Stenotic Nares <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">General Condition _____</p> <p><b>EARS</b>      <b>YES</b>    <b>NO</b></p> <p style="padding-left: 20px;">Debris/Discharge <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">Ear Mites <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">Signs of Infection <input type="checkbox"/> <input type="checkbox"/></p> <p><b>UROGENITAL</b>      <b>YES</b>    <b>NO</b></p> <p style="padding-left: 20px;">Redundant Vulva <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">Undescended Testicles/Cryptorchid <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">General Condition _____</p> <p><b>GASTROINTESTINAL</b>      <b>YES</b>    <b>NO</b></p> <p style="padding-left: 20px;">History of Vomiting <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">History of Diarrhea <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">General Condition _____</p> <p><b>REQUIRED FECAL EXAM</b></p> <p style="padding-left: 20px;">Date Given _____</p> <p style="padding-left: 20px;">Results _____</p> <p style="padding-left: 20px;">Medications Prescribed _____</p> <p><b>HISTORY OF PAST SURGERIES?</b> _____</p>
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**BREEDER SIGNATURE** \_\_\_\_\_

Date \_\_\_\_\_

**VETERINARIAN SIGNATURE** \_\_\_\_\_

Date \_\_\_\_\_

**PUPPY NAME** \_\_\_\_\_

**PUPPY AKC#** \_\_\_\_\_