

CANINE MEDICAL RECORDS FOR Organizations Name: _____

Address: _____ City/State/Zip _____

Phone _____ Fax _____ Email _____

YOUR Log # / Tracking # / or Internal ID : _____ Health Cert # AND ISSUE DATE: _____

Pet's Name/s: _____ Foster Family / Location: _____

Breed(s)/mix best guess: _____ Description/Colors _____ Number of Male/s _____ Female/s _____

Approximate Age or DOB _____ # pups in litter: _____

Spayed or Neutered PRIOR TO TRAVEL: (circle one) YES OR NO **If YES** Date s/n sx done _____

Deworming Dates _____ / _____ / _____ / _____ / _____ Brand used: _____

Ponazuril (Marquis paste) **must be given at least 1 dose** : _____ / _____

Panacur Dates given: (must be given for 5 days straight) _____ - _____

Date of Woods lamp check: _____ Date of Lyme Sulphur Dip and Brand used: _____

Distemper Vaccine Dates Given @ 14 day intervals (**@least 3 MANDATORY PRIOR TO TRAVEL & every 2 weeks while w/you**)
_____ / _____ / _____ / _____ / _____ / _____ / _____

Rabies Vaccinate Date (if AGE APPROPRIATE - 13+ weeks or older required): _____ Tag #: _____

Kennel Cough Vaccinate Date: (circle one): SQ or IN Dates: _____ / _____

Flea/tick preventative dates given _____ / _____ / _____ Brand: _____

HW preventative Dates given: _____ / _____ / _____ Brand: _____

4dx Tested NEGATIVE on _____ Canine Influenza Vaccination Dates (if given): _____ / _____

Other medical issues/treatments given (skin/ears/eyes) and dates/products used:

Document any KNOWN/VISIBLE wounds/abscesses/scratches/bites/scabs/hair loss and what caused them (i.e. fighting with siblings, caught in fence etc...)

Please sign/ date that YOU personally know/witnessed what happened: _____ Date: _____

PLEASE NOTE - ANY CANINE/S W/ HAIR LOSS AND/OR PATCHES OF MISSING HAIR AND/OR LESIONS CAN NOT BE SENT (PLS MAKE SURE YOU HAVE CHECKED ALL AREAS ESP. BELLY-AROUND EARS/EYES-PAWS-UNDER ARMS ETC.)

DO NOT FILL IN - STERLING SHELTER INTERNAL INFO

Pen: _____ Weight: _____ Collar Color _____ Shelter Log #: _____