Puppy Medical Record

Puppy Name: _____

Breed: _____

Date of Birth: _____

Sex: _____

Microchip Number: _____

Owner Name: _____

Phone: _____

Veterinarian: _____

Clinic: _____

Date	Reason for Visit	Findings / Diagnosis	Treatment / Medication	Veterinarian	Follow-Up

Ongoing Medications

Allergies / Vaccine Reactions