Puppy Vaccination Certificate Record

Puppy Name: _____ **Owner:** _____

Breed: _____ **Phone:** _____

Date of Birth: _____

Microchip Number: _____ **Veterinarian / Clinic:** _____

Vaccine / Certificate Type	Date Administered	Certificate or Tag Number	Expiration / Valid Until	Clinic / Veterinarian	Notes

Official Documents Checklist

- ☐ Rabies Certificate _____
- ☐ Vaccine Summary _____
- ☐ Microchip Registration _____
- ☐ Adoption / Breeder Papers _____
- ☐ Insurance Information _____
- ☐ Boarding Requirements _____
- ☐ Training / Daycare Records _____
- ☐ Other _____

Keep original veterinary certificates with this record.

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