



# Stray from the Heart

## Vaccination and Veterinary Record

Dog's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
 Breed \_\_\_\_\_ Weight \_\_\_\_\_  
 Color \_\_\_\_\_

### Vaccination Dates

Rabies \_\_\_\_\_ Bordatella \_\_\_\_\_  
 DHLPP 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Spayed/Neutered Date \_\_\_\_\_ Dental Cleaning Date \_\_\_\_\_

Heartworm/IDEX 4Way Swap Test Date \_\_\_\_\_ Neg \_\_\_\_\_ Positive \_\_\_\_\_

Detailed Results: \_\_\_\_\_  
 Treatment & Dates: \_\_\_\_\_

### Fecal Test Date \_\_\_\_\_

(Please indicate with a check-mark if positive).

Giardia \_\_\_\_\_ Erlichia \_\_\_\_\_ Coccidia \_\_\_\_\_ Tape Worm \_\_\_\_\_ Ring Worm \_\_\_\_\_  
 Round Worm \_\_\_\_\_ Hook Worm \_\_\_\_\_ Other: \_\_\_\_\_  
 Results & Treatment Dates: \_\_\_\_\_

Exam for: Fleas \_\_\_\_\_ Ticks \_\_\_\_\_ Ear Mites \_\_\_\_\_ Lice \_\_\_\_\_ Fungus \_\_\_\_\_  
 Results & Treatment Dates: \_\_\_\_\_

Exam Eye Results: \_\_\_\_\_  
 Treatment & Dates: \_\_\_\_\_

### Venereal Cancer Exam:

Results: \_\_\_\_\_  
 Dates & Types of Treatment: \_\_\_\_\_  
 \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Doctor's Name: \_\_\_\_\_

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