



**DOG VET INFO/VACCINE SHEET**

Client Name: .....

Pet Name: .....

Breed: .....

Colour: .....

DOB: ..... Sex (M/F): .....

Approx Weight: .....(kg) Age: .....

Identifying marks: .....

Last Vaccination Date: .....

Last Kennel Cough ..... Vaccination Date: .....

Certificates provided: ..... Date obtained/Initials: .....

Date of last worm/tick/flea treatment: .....

Does your Pet(s) have any ongoing medical conditions/allergies (Y/N) (**see medical form**)

If YES, please specify: .....

.....

Is your Pet(s) currently taking medication (Y/N) .....

If YES, please specify .....

.....

Has your Pet(s) been spayed/neutered (Y/N): .....

Vets Name: .....

Surgery Name: .....

Surgery Address: .....

.....

Phone Number: .....