



Your Dog's Permanent Record

Example

You should keep this record for as long as you have your dog. Add to this record each year. You will find the health record is useful when you work with your veterinarian to ensure your dog's health.

Your name Ima Four-Her
 Dog's Name Lily Day
 Sex Female Breed Shetland Sheepdog
 Is it purebred? Yes Crossbred? _____
 Is your dog registered with American Kennel Club? Y;
 American Field? N; Other (name) _____
 Registration Number: DN11311403
 Dog's date of birth: year 2005 month 6 day 23
 Number in litter: born 4 survived 4



Nutrition

- 1) Nursed on mother (bitch)? Yes X No _____
 2) Formula (milk-replacer) used? Yes _____ No X
 3) Weaning age or date: 8 weeks
 4) Type of puppy food used:
- | | Yes | No |
|----------------|----------|----------|
| Moist (canned) | _____ | <u>X</u> |
| Solid (chunk) | <u>X</u> | _____ |
| Semi-moist | _____ | <u>X</u> |
| Homemade | _____ | <u>X</u> |
| Combination | _____ | <u>X</u> |
- 5) How many times puppy fed each day? 1
 6) Age or date started on adult food? 1 1/2 years

Type of adult food used?	Yes	No
Moist	_____	<u>X</u>
Solid	<u>X</u>	_____
Semi-moist	_____	<u>X</u>
Homemade	_____	<u>X</u>
Combination	_____	<u>X</u>

IOWA STATE UNIVERSITY
University Extension

Ames, Iowa

Health Record

Ectoparasites

Record the year in the first box. As you check your dog for each of the listed parasites, record the date, and use a check to indicate whether the parasite is present. Record treatment used if parasites were found.

Year	Flea Check Date	Result		Treatment if positive	Lice Check Date	Result		Treatment	Mite Check Date	Result		Treatment
		+	-			+	-			+	-	
2005	8/22/05	+		Frontline Plus	8/22/05		-		8/22/05		-	
2006	4/21/06		-		4/21/06		-		4/21/06		-	
2007	1/5/07		-		1/5/07		-		1/5/07		-	

Intestinal parasites

Record the year in the first box. Record the date your dog is checked for intestinal parasites. Use a check to indicate whether the test is positive or negative for each parasite. If treatment is required, record treatment and recheck date.

Year	Check Date	Hookworm		Roundworm		Other		Giardia		Treatment	Recheck date and comments
		+	-	+	-	+	-	+	-		
2005	8/22/05		-		-		-		-		
2006	4/21/06		-		-		-		-		

Surgery -- Record any surgery and the date of surgery.

1. Neuter spay? Date 12/13/2005
- Castration? Date N/A
2. Dewclaw? Date July 2005
3. Earcrop? Date N/A
4. Taildock? Date N/A
5. Other?
 - a. _____ Date _____
 - b. _____ Date _____
 - c. _____ Date _____

Illness -- Record any illness along with diagnosis, date, and treatment below.

1. Disease/Diagnosis _____ Date Jan 2005
 Treatment _____ Date Jan 2005
2. Disease/Diagnosis _____ Date _____
 Treatment _____ Date _____
3. Disease/Diagnosis _____ Date _____
 Treatment _____ Date _____
4. Disease/Diagnosis _____ Date _____
 Treatment _____ Date _____

Obedience Training

Commands -- Check commands that your dog obeys, and record the year it mastered the command.

Command	Year	Command	Year
<input checked="" type="checkbox"/> Sit	<u>2005</u>	<input type="checkbox"/> Retrieve on flat	_____
<input type="checkbox"/> Heal on leash	_____	<input type="checkbox"/> Retrieve over high jump	_____
<input type="checkbox"/> Heal off leash	_____	<input type="checkbox"/> Broad jump	_____
<input type="checkbox"/> Long sit	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Long down	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Stand for examination	_____	<input type="checkbox"/> _____	_____

Training completed

Year	Training School	Title held including legs earned

Tricks -- Check tricks that your dog performs.

Trick	Year	Trick	Year
<input type="checkbox"/> Sit up	_____	<input type="checkbox"/> Rollover	_____
<input checked="" type="checkbox"/> Play catch	<u>2005</u>	<input type="checkbox"/> Jump	_____
<input type="checkbox"/> Carry	_____	<input type="checkbox"/> _____	_____
<input checked="" type="checkbox"/> Fetch	<u>2005</u>	<input type="checkbox"/> _____	_____

Prepared by Loren Will, DVM, Extension Veterinary Medicine; Deb Hall, 4-H and Youth Development Specialist; and Melva L. Berkland, communication specialist-4-H.

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