



Your Dog's Permanent Record

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 _____

Dog's name _____

Sex _____ Breed _____

Is it purebred? _____ Crossbred? _____

Is your dog registered with American Kennel Club? _____

American Field? _____ Other (name) _____

Registration number _____

Dog's date of birth: year ____ month ____ day _____

Number in litter: born _____ survived _____



Attach a photo of you and
your dog here.

Nutrition

1. Nursed on mother (bitch) Yes _____ No _____

2. Formula (milk-replacer) used Yes _____ No _____

3. Weaning age or date _____

4. Type of puppy food used	<u>Yes</u>	<u>No</u>
Moist (canned)	_____	_____
Solid (chunk)	_____	_____
Semi-moist	_____	_____
Homemade	_____	_____
Combination	_____	_____

5. How many times puppy fed each day _____

6. Age or date started on adult food _____

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

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Surgery Record any surgery and the date of surgery.

1. Neuter _____ Date _____
Spay _____ Date _____
Castration _____ Date _____
2. Dewclaw _____ Date _____
3. Earcrop _____ Date _____
4. Taildock _____ Date _____
5. Other
a. _____ Date _____
b. _____ Date _____
c. _____ Date _____

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

1. Disease/Diagnosis _____ Date _____
Treatment _____ Date _____
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.

<u>Command</u>	<u>Year</u>	<u>Command</u>	<u>Year</u>
<input type="checkbox"/> Sit	_____	<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.

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

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