



PET RECORDS



NAME	
BREED	
GENDER	
AGE / DATE OF BIRTH	
WEIGHT	
MICROCHIP #	
DATE OF RABIES VACCINE	
EXPIRATION OF RABIES VACCINE	
FLEA/TICK/HEARTWORM PREVENTION DATE:	


FOOD

FEEDING SCHEDULE	
FOODS TO AVOID	

MEDICINE

MEDICATION	DOSE	DIRECTIONS/TIME GIVEN	WITH FOOD?

NOTES



EMERGENCY CONTACTS

	OWNER	VETERINARIAN	CONTACT PERSON
Name			
Phone			
Address			