

Well Puppy Exam

Puppy name: _____ Reg. # _____ sex: _____ Date: _____

Birth Date: _____ Age: _____ color: _____ weight: _____

Sire: _____ HSDAA# _____

Dam: _____ HSDAA# _____

Eyes:

Appear Normal: _____ Other: _____

Ears:

Appear Normal: _____ Other: _____

Heart:

Appear Normal: _____ Other: _____

Mouth/Teeth

Appear Normal: _____ Other: _____

Testicles:

Normal: _____ Other: _____

Patellas:

Normal: _____ Other: _____

Umbilical:

Normal: _____ Other: _____

Notes: _____

Veterinarian Signature: _____

Veterinarian Name

Address

phone

De-Worming Record:

Vaccination Record:
