



## PUPPY HEALTH EXAM REPORT

Puppy Call Name: \_\_\_\_\_ Registration #: HSDA \_\_\_\_\_

Puppy Registered Name: \_\_\_\_\_

Sire: \_\_\_\_\_ HSDA# \_\_\_\_\_

Dam: \_\_\_\_\_ HSDA# \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: Male Female

Color: \_\_\_\_\_

Exam Date: \_\_\_\_\_

Weight: \_\_\_\_\_

Eyes: Normal: \_\_\_\_\_ Other: \_\_\_\_\_

Ears: Normal: \_\_\_\_\_ Other: \_\_\_\_\_

Heart: Normal: \_\_\_\_\_ Other: \_\_\_\_\_

Mouth/Teeth: Normal: \_\_\_\_\_ Other: \_\_\_\_\_

Testicles: Normal: \_\_\_\_\_ N/A: \_\_\_\_\_ Other: \_\_\_\_\_

Patellas: Normal: \_\_\_\_\_ Other: \_\_\_\_\_

Umbilical: Normal: \_\_\_\_\_ Other: \_\_\_\_\_

Notes:

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De-Worming Record (if applicable):

Vaccination Record (if applicable):

Veterinarian Signature: \_\_\_\_\_

Veterinary Address & Phone Number: