



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:

De-Worming Record (if applicable):

Vaccination Record (if applicable):

Veterinarian Signature: _____

Veterinary Address & Phone Number: