

Dog Health Data Sheet

Shelter Buddy #: _____ Shelter Arrival Date: _____

Animal's Name: _____ Breed: _____

Colour: _____ Sex: M M/N F F/S Age: _____ Approx.

Microchip Scans (Date + Initial): 1st, _____ 2nd, _____ 3rd, _____

Date:						
Weight:						

Vaccines: - Please include sticker, date, initial and location (ie. SQ RF)

DA2PP Vaccine	1 st Re-vaccination	2 nd Re-vaccination
3 rd Re-vaccination	4 th Re-vaccination	BORDETELLA Vaccine
Rabies Vaccine		

Deworming:	Dose (ml/mg)	Date:	Date:	Date:	Date:	Date:
Strongid-T®						
Marquis Paste®						

	Date & Dose:	Date & Dose:	Date & Dose:
Nexgard®			

Canine Checklist: (ALL must be completed prior to adoption - please check when each is done)

- Vaccines
 Strongid-T®
 Marquis Paste®
 Nexgard®
 Spay/Neuter
 3 Microchip Scannings

Canine Behaviour Assessment:

- SAFER®
 MYM Canine-ality™ Results: _____