Veterinary Medical Record

Breed **Sex** **Microchip number** **Collar ID**

Whelp Date **Color & Markings** **Date Received** **Time Received**

Breeders Name **City & State** **Registration Number**

Name of Purchaser **Address** **Phone Number**

VETERINARY CERTIFICATION: I certify that the above animal has been examined by me on this date, and that the information provided is true and accurate to the best of my knowledge,and that the following findings have been made. I certify that the animal described above appears to be free of any infectious or contagious disease and exposure thereto, and free of any physical abnormalities that would endanger the animal. To the best of my knowledge the animal described above originated from an area not quarantined for rabies and has not been exposed to rabies.

Veterinarian's Name_____ MA License Number_____

Address _____ Accredited ☐ Yes ☐ No

Telephone (_____) _____

Signature_____ Date Issued: _____

Signature_____ Date Issued: _____

Signature_____ Date Issued: _____

Signature_____ Date Issued: _____

Signature_____ Date Issued: _____

Signature_____ Date Issued: _____

Signature_____ Date Issued: _____

Exam Date **Veterinarian's Signature** **Problem Encountered** **Treatment Prescribed**

Vaccination/Deworming History **Product Used** **Date Administered**

Surgery/Other