

CONTACT INFORMATION

OWNER'S INFORMATION

Name: _____

Address: _____

City _____ STATE _____

Home Phone: _____

Cell Phone: (_____) _____

Work Phone: (_____) _____

VETERINARIAN'S INFORMATION

Name: _____

Address: _____

City _____ STATE _____

Phone: (_____) _____

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship: _____

Phone: (_____) _____

Emergency #: (_____) _____

GROOMER'S INFORMATION

Name: _____

Phone: (_____) _____

Collar Size: _____

Last Shampoo: _____

Last Bath: _____

Comments: _____

PET'S INFORMATION

Name: _____

Gender: _____

Spayed Neutered

Breed: _____

Date of Birth: _____

Height: _____ Weight: _____

Registration#: _____

Registered Name: _____

Sire's Reg. #: _____

Sire's Name: _____

Sire's Breed: _____

Dame's Reg. #: _____

Dame's Name: _____

Dame's Breed: _____

PET'S IDENTIFICATION

Microchip ID Number: _____

License Number: _____

Collar Color: _____

Identifying Markings: _____

SPECIAL MEDICAL INFORMATION

Diet: _____

Allergies: _____

Medical Conditions: _____

DOG HEALTH RECORDS

KEEPING TRACK OF YOUR PET'S HEALTH

"Your Pet's Photo"



800-344-6337 | www.LambertVetSupply.com

Name: _____

Date of Birth: _____

Breed: _____

Sex: _____

Markings: _____

Veterinarian: _____

