

Puppy Health Record

Puppy # _____ of _____ DOB: _____ Breed: Malshi

Color/Markings: _____ Sex: M F

Weight at Birth: _____ Weight at vet examination _____

Sire: _____ Breed: AKC Maltese Dam _____ Breed: Pure Shih Tzu

Puppy Vet Examination at _____: _____

Any issues noticed: _____

First Dewormer): _____ Type: Nexex-2 (Pyrantel Pamoate) ½ ml

Second Dewormer _____ Type: Nexex-2 (Pyrantel Pamoate) ½ ml

First Puppy Shots: _____ Type: Solo-Jec 5 (info on back)

****SECOND ROUND OF PUPPY SHOTS DUE:** _____

* 8 weeks old on: _____ Sold On: _____

ANY FUTURE SHOTS/DEWORMINGS/MEDICAL CARE AFTER TIME OF SALE ARE THE BUYERS RESPONSIBILITY PLEASE MAKE AN APPOINTMENT WITH A VET OF YOUR CHOICE

*Seller, you acknowledge with your signature, that the information here is true and correct to the best of your knowledge, information, and belief.

*Buyer, by your signature, you acknowledge that you have received a copy of this puppy's health record, that you have read, understand, and agree to it.

Seller: _____ Date: _____

Buyer: _____ Date: _____