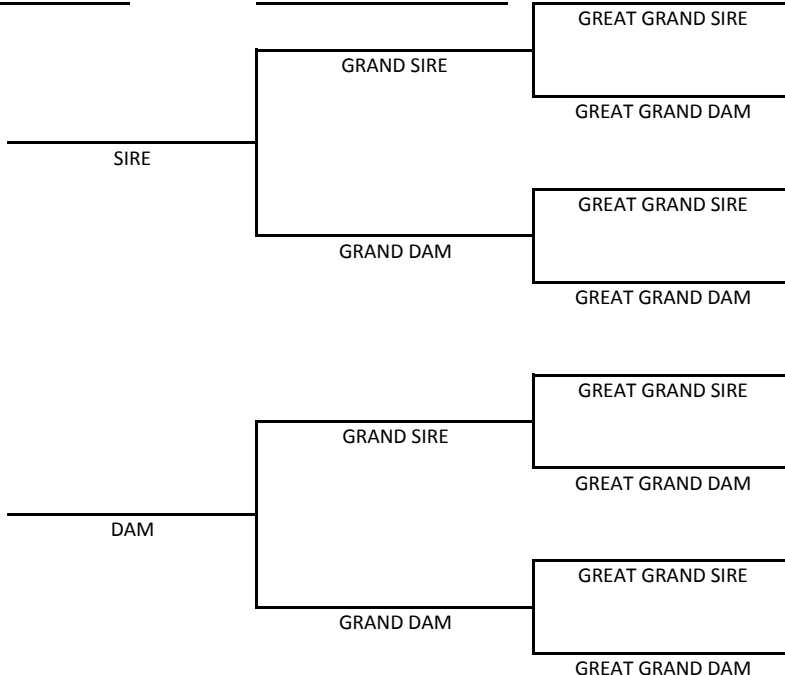
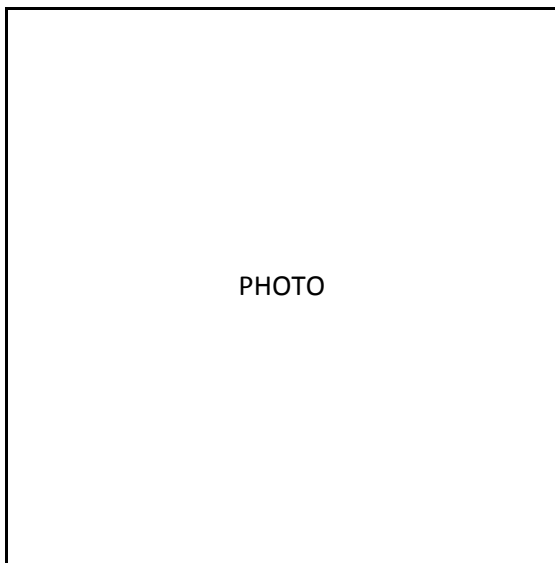


ANIMALS NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

COLOR/MARKINGS: \_\_\_\_\_ OWNER: \_\_\_\_\_

TATTOO: \_\_\_\_\_



BRED TO	BRED	DATE DUE	DELIVERED	LBS	SEX	NAME	COLOR & MARKINGS

DISEASE TEST HISTORY		
DATE	TESTED FOR	POS. OR NEG.

VACCINATION HISTORY			
DATE	TARGET DISEASE	DRUG USED	DOSAGE

PARASITE CONTROL					
DATE	METHOD & DRUG USED	DATE	METHOD & DRUG USED	DATE	METHOD & DRUG USED

INJURY OR ILLNESS		
DATE	DESCRIPTION OR NATURE OF ILLNESS	TREATMENT