

# Hearts 4 Paws Veterinary Medical Record



Date

Name \_\_\_\_\_ Rec'd into Quarantine \_\_\_/\_\_\_/\_\_\_

Breed \_\_\_\_\_ Spay/Neuter \_\_\_/\_\_\_/\_\_\_

Color/Pattern \_\_\_\_\_ Felv/FIV Combo Test \_\_\_/\_\_\_/\_\_\_ + / -

Sex \_\_\_\_\_ Rabies Vaccine \_\_\_/\_\_\_/\_\_\_

Age \_\_\_\_\_ FVCRP Vaccine # 1 \_\_\_/\_\_\_/\_\_\_ Rabies Vaccination Date Due \_\_\_/\_\_\_/\_\_\_

ID Collar Color \_\_\_\_\_ FVCRP Vaccine # 2 \_\_\_/\_\_\_/\_\_\_ FVCRP Vaccination Date Due \_\_\_/\_\_\_/\_\_\_

Acquired from \_\_\_\_\_ Fecal Float Test \_\_\_/\_\_\_/\_\_\_ + / -

Deworming \_\_\_/\_\_\_/\_\_\_ Product Used \_\_\_\_\_

Flea Preventive \_\_\_/\_\_\_/\_\_\_ Product Used \_\_\_\_\_

Veterinarian License #	Veterinarian Name	Exam Date	Exam Notes	Treatment Prescribed	Veterinarian Signature
		___/___/___			
		___/___/___			
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Veterinary Certification: By signing above, 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 listed findings have been made. I certify that the animal described above has been examined by me on this date and appears to be free of any infectious or contagious disease and exposure thereto unless noted, 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.

Additional Notes