



Charlotte Kennels
Medical Information

Pets Name _____

Veterinarian's Name _____

Hospital _____

Hospital Address _____

Phone Number _____

Dates:

Last Physical Exam _____

DHLPPC (or the equivalent) _____

Rabies Vacc _____ 1 yr. or 3 yr. _____

Bordatella _____

Heartworm Test _____

Heartworm Prevention _____

Last Purchase Date _____

Flea Prevention _____

Last Purchase Date _____

The above medical information is true to the best of my knowledge.

Veterinarian's Signature

In the event of an emergency Charlotte Kennels has permission to transport _____ to the above vet (or the closest reliable vet) if necessary.

Payment arrangements are to be made between owner and veterinarian in advance.

Owner's Signature

Date

