

# Your Dogs Vaccination Record



AGE	VACCINATION	DATE	BY WHOM (Veterinarian)
5 weeks			
6 & 9 weeks			
12 weeks or older			
12 & 15 weeks**			
Adult (boosters)			

Additional information for your puppy ...

Name \_\_\_\_\_ Breed \_\_\_\_\_

Owner's Name \_\_\_\_\_

Phone Number - home: \_\_\_\_\_ Cell: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency contact name and phone number: \_\_\_\_\_

Veterinarian's phone number and address: \_\_\_\_\_