

PET'S NAME: \_\_\_\_\_

## Veterinary Checklist



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Canine Registry (Pty) Ltd. 2013/072998/07  
Tel: 082 820 6266  
E-mail: info@canine.co.za  
Website: www.canine.co.za

### AT THE TIME OF EXAMINATION, THE PUPPY HAD:

VET EXAMINED FOR:	YES	NO
1. INOCULATED AND DEWORMED	<input type="text"/>	<input type="text"/>
2. CORRECT BITE	<input type="text"/>	<input type="text"/>
3. NO VISIBLE HERNIAS	<input type="text"/>	<input type="text"/>
4. NO OBVIOUS HEART MURMUR	<input type="text"/>	<input type="text"/>
5. NO OBVIOUS SIGNS OF ILLNESS	<input type="text"/>	<input type="text"/>
6. TESTES DESCENDED	<input type="text"/>	<input type="text"/>
7. NO OBVIOUS SIGNS OF SKIN PROBLEMS, PHYSICAL DEFORMATION AND/OR SPINAL PROBLEMS	<input type="text"/>	<input type="text"/>

8. NOTES

### YOUR PET

REGISTERED NAME

REGISTRATION NUMBER

BREED

DATE OF BIRTH DAY   MONTH   YEAR

COLOUR

COAT TYPE

GENDER

TATTOO POSITION & NR

MICROCHIP TYPE & NR

### BREEDER

BREEDER

NAME

ADDRESS

Postal Code

Province

CELL NUMBER

### VETERINARIAN

VETERINARIAN SIGNATURE

PRACTICE STAMP

DATE DAY   MONTH   YEAR