

PET'S NAME:

## Vaccination & Health Record

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DogTalkSA

CanineSA (Pty) Ltd. 2013/072998/07 998/07  
P.O.Box 2644, Montana Park, Gauteng, 0159  
Tel: 0861226463 (0861CANINE) / Fax to e-mail: 086 525 1007  
Fax to fax: 012 548 4712 / E-mail: info@canine.co.za

### YOUR PET

REGISTERED NAME:	<input type="text"/>
PET'S NAME:	<input type="text"/>
BREED:	<input type="text"/>
DATE OF BIRTH:	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>
COLOUR:	<input type="text"/>
TYPE:	<input type="text"/>
GENDER:	<input type="text"/>
TATTOO POSITION & NR:	<input type="text"/>
MICROCHIP TYPE & NR:	<input type="text"/>

### FIRST BREEDER / FIRST OWNER INFO

NAME:	<input type="text"/>
ADDRESS:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Postal Code <input type="text"/>
	Province <input type="text"/>
TELEPHONE (H):	<input type="text"/> <input type="text"/>
TELEPHONE (W):	<input type="text"/> <input type="text"/>

### SECOND BREEDER / SECOND OWNER INFO

NAME:	<input type="text"/>
ADDRESS:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Postal Code <input type="text"/>
	Province <input type="text"/>
TELEPHONE (H):	<input type="text"/> <input type="text"/>
TELEPHONE (W):	<input type="text"/> <input type="text"/>

### BREEDER

BREEDER FACILITY:	<input type="text"/>
NAME:	<input type="text"/>
ADDRESS:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Postal Code <input type="text"/>
	Province <input type="text"/>
TELEPHONE (H):	<input type="text"/> <input type="text"/>
TELEPHONE (W):	<input type="text"/> <input type="text"/>

### CERTIFICATE OF STERILIZATION

This is to certify that this pet has been sterilized.

DATE: DAY   MONTH   YEAR    

VETERINARIAN SIGNATURE:

DOCTOR'S NAME:

PRACTICE STAMP:

### STERILIZATION INFORMATION

#### Reason for Sterilization:

- To lesson aggression and undesirable behaviour like spraying and urine marking
- Prevent unwanted pregnancies
- Control the stray population
- Avoid the inconvenience of season behaviour (discharging dogs, visiting males, running away)
- Reduce the risk of mammary cancer later in life
- Remove the risk of pyometra (uterus infection) later in life
- Increase the lifespan of your pet

#### Essential requirements for deciding not to sterilize:

- You want puppies
- You are prepared to raise them properly
- You have good homes ready to place them in

## DEWORMING

[illegible]

## VACCINATION NOTES

## Revaccination is important

The level of immunity provided by vaccination is in itself not life-long; it is dependent on boosters, through contact with disease or revaccination. As direct contact cannot be guaranteed, revaccination is the only reliable method to ensure optimal protection for your pet.


## BILLARY / TICK FEVER

There is no vaccine available for this disease. Discuss prevention with your veterinarian.

### When not to vaccinate:

- If your pet is ill
- There may be restrictions on certain types of brands during pregnancy. Please inform your vet if you suspect that your pet might be pregnant
- If your pet has an allergy or other reaction to vaccines. Please inform your vet if your pet has reacted badly to previous vaccines / other medications
- If your pet is less than 6 weeks old
- If a future destination country requires absence of vaccine history

## VACCINATION RECORDS


DATE:	/	/	 Vet signature
NEXT:	/	/	

<p>Vaccine &amp; Lot nr.</p>	<p>Practice stamp</p>
------------------------------	-----------------------

DATE:	/	/	
NEXT:	/	/	

Vet signature

<p>Vaccine &amp; Lot nr.</p>	<p>Practice stamp</p>
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DATE:	/	/	 Vet signature
NEXT:	/	/	

<p>Vaccine &amp; Lot nr.</p>	<p>Practice stamp</p>
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DATE:	/ /	
NEXT:	/ /	Vet signature
Vaccine & Lot nr.		
		Practice stamp

## RABIES MOVEMENT PERMIT

This certificate also serves as a movement permit for this animal within the Republic of South Africa on condition that:

1) It accompanies the animal. 2) Property of origin is free from quarantine restrictions imposed for rabies control purposes. 3) The rabies vaccine immunity is valid. 4) The certificate was signed in the space below to confirm that the conditions in 2 and 3 are met before the intended movement

DATE: DAY   MONTH   YEAR

VETERINARIAN SIGNATURE:

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PRACTICE STAMP:

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## RABIES VACCINATION

[illegible]