CanineSA

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Vaccination & Health Record



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FIRST BREEDER / FIRST OWNER INFO NAME: ADDRESS:

Postal Code Province TELEPHONE (H): TELEPHONE (W): SECOND BREEDER / SECOND OWNER INFO NAME: ADDRESS:

Province

TELEPHONE (H):

Postal Code

TELEPHONE (W):			
			,
BREEDER			
BREEDER FACILITY:			
NAME:			
ADDRESS:			
		Postal Cod	de
	Province		·
TELEPHONE (H):			
TELEPHONE (W):			

CERTIFICATE OF STERILIZATION

This is to	certify that this	pet has bee	en sterili	zed.		
DATE:	DAY	MONTH		YEAR		
VETERINAR	IAN SIGNATURE:					
DOCTOR'S	NAME:					
PRACTICE S	STAMP:					

STERILIZATION INFORMATION

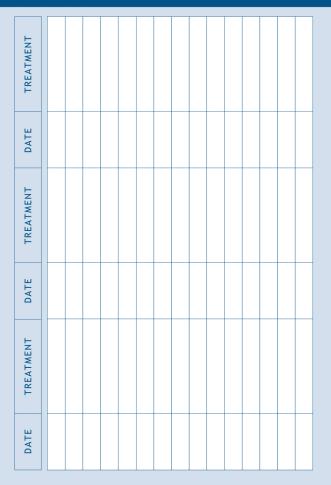
Reason for Sterilization:

- 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



VACCINATION NOTES

Revaccination is important

The level of immunity provided by vaccination is in itself not lifelong; 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: NEXT: / Vet signature Vaccine & Lot nr. Practice stamp DATE: NEXT: Vet signature Vaccine & Lot nr. Practice stamp DATE: / / NEXT: Vet signature Vaccine & Lot nr.

Practice stamp

DATE:	/	/		
NEXT:	/	/		Vet signature
			_	
	Vaco	ine & L	ot 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

ATE:	DAY		МОМТН	YEAR		
'ETERINA	RIAN SIG	NATUR	E:			
DACTICE	CTAMP.					
RACTICE	STAMP:					

RABIES VACCINATION

DATE	VACCINE & LOT	VETERINARIAN NAME