

Borders of Eby Eden



Medical Form

We do everything possible to protect your puppy from disease, parasites, and illness. We follow our veterinarians guidance to ensure optimal health and prevention for your furry family member. If you any questions regarding medical care, please reach out to us by phone or email.

Puppy Name: _____

Breeder Assigned #: _____

Date of Birth: _____ Birthweight: _____ oz

Weight Records:

Age	Weight
1 week	
2 weeks	
3 weeks	
4 weeks	
5 weeks	
6 weeks	
7 weeks	
8 weeks (homegoing)	

Vaccination Record:

Vaccination	Date of Administration
DAP: prevention of canine distemper, adenovirus, parvovirus, parainfluenza (DAP)	
Dewormed- 2 weeks	
Dewormed- 4 weeks	
Dewormed- 6 weeks	
Dewormed- 8 weeks	

We recommend that your puppy be treated with the following upon going home:

Treatment	Due Date	Date of Administration
DAP		
Rabies		
Dewormer		
Lepto	Discuss with your vet	
Bordetella	Discuss with your vet	

X _____
Signature of Veterinarian providing treatment