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CANINE MEDICAL RECORD

Owner's Name:		Date:
Address:		
City:	State:	Zip:
Phone # Home:	Work:	Cell:
Email Address:		
Pets Name:		
Breed:	Color:	
Age:	Sex:	Previously Spayed or Neutered: YES or NO
Is Your Dog AGGRESSIVE to PEOPLE?	YES or NO	If YES, MALE or FEMALE?
Is Your Dog AGGRESSIVE to OTHER ANIMALS?	YES or NO	If YES, CATS or DOGS or BOTH?

Known Allergies:

Medications your pet is currently taking:

Other notes about your pet: