Health Form

GDB closely tracks puppies that have any illnesses within the first month in the raiser's home. Here is a list of information GDB needs to know. Please also fill out this form if your pup experiences a non-routine visit to vet so your leader has all information. You can copy and paste the list into your email and fill it out. Send to your club leader.
(Scroll down to see an example of the complete information).

Puppy Name:
Tattoo:
Breed/Sex:
Whelp Date:
Date Placed:
Date of Symptoms:
Symptoms:
Treatment:
Veterinarian:
Phone Number
Date Seen:
Diagnosis:

SAMPLE:
Puppy Name:  Shaila
Tattoo:  5V01
Breed/Sex:  LBB/F (lab, black/Female) Abbreviations: Lab=LB Y=yellow, B=black; , GLD=Golden Retriever, LXG=lab golden cross
Whelp Date:  4/1/01
Date Placed 6/2/0 (date you received your puppy)
Date of Symptoms:  6/5/01 (date your first observed symptoms)
Symptoms:  Diarrhea/Vomiting/Ear Infection, etc.
Treatment:  Flagul/Rice/cc/Panalog
Veterinarian:  Arapahoe Vet Hospital
Phone Number 555-555-5555
Date Seen:  6/6/01
Diagnosis:  Giardia/Vaginitis