

**Vet Health Report**

This health checklist must be completed by a licensed veterinarian within 72 hours of the puppy's flight home. All paperwork must be emailed [breeder@hellopuppy.us](mailto:breeder@hellopuppy.us) immediately upon completion and require to be set with the puppy records. If there is a health issue please contact us at (855) 797-8779. You must attach photos to the email for any visible health concerns.

Name \_\_\_\_\_

Breed \_\_\_\_\_

Color \_\_\_\_\_

Gender Male \_\_\_\_ Female \_\_\_\_

Date Of Birth \_\_\_\_\_

**Skin and Coat**                      **YES**                      **NO**

Fleas/Ticks		
Signs of Infection		
Alopecia		

Additional Details \_\_\_\_\_

**Eyes**                      **YES**                      **NO**                      **Bilateral**

Vision Problems			
Abnormal Discharge			
Eyelash Disorders			
Cherry Eye			

Additional Details \_\_\_\_\_

**TEETH, MOUTH, GUMS**  
   **YES**                      **NO**                      **NFB**

Malocclusion			
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**BITE**

OVER	UNDER	SIZE (CM)

Additional Details \_\_\_\_\_

**MUSCULOSKELETAL**

	YES	NO	GRADE
Umbilical Hernia			NA
Inguinal Hernia			NA
Hip Pain			NA
Unilateral Patellar Lux.			
Bilateral Patellar Lux.			

OVER	YES	NO	SIZE (CM)
Open Fontanelle			

Additional Details \_\_\_\_\_

**HISTORY OF PAST SURGERY?** \_\_\_\_\_  
**DEFINE ANY ABNORMALITIES**

**BODY CONDITION SCORE**    1   2   3   4                      5                      6   7   8   9  
 Circle One                      Too Thin                      Perfect                      Too Heavy  
**Weight (lbs)/oz.**                      \_\_\_\_\_ lbs.                      \_\_\_\_\_ Oz.  
**Temp.(F)/Pulse (BPM)**                      / \_\_\_\_\_.

	YES	NO	GRADE
Cardiovascular			

Additional Details \_\_\_\_\_

**Respiratory Rate (BPM)** \_\_\_\_\_

<b>Respiratory</b>	YES	NO
Coughing/Congestion		
Stenotic Nares		

Additional Details \_\_\_\_\_

**EARS**

YES

NO

BILATERAL

Abnormal Debris/Discharge			NA
Ear Mites			NA
Signs of Infection			NA
Responds to Sound			

Additional Details \_\_\_\_\_

**UROGENITAL**

YES

NO

Redundant Vulva		
Undescended Testicals/Cryptorchid		

Additional Details \_\_\_\_\_

**GASTROINTESTINAL**

YES

NO

History of Vomiting		
History of Diarrhea		

Additional Details \_\_\_\_\_

**REQUIRED FECAL FLOTATION TEST BY VETERINARIAN**

Date Given \_\_\_\_\_

Results \_\_\_\_\_

Medications Prescribed \_\_\_\_\_

**ADDITIONAL DX/TX/RX?** \_\_\_\_\_**PLEASE SIGN NEXT PAGE!**\_\_\_\_\_  
Breeder signature\_\_\_\_\_  
Date\_\_\_\_\_  
Breeder Printed Name

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**PUPPY ID #**

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**Veterinarian Signature**

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**Date**

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**Vet Printed Name**

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**APHIS#**

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**Vet Phone Number**