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