









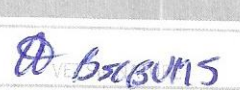
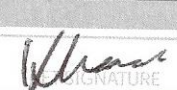


DOG'S NAME JACOB  
 BREED GOLDEN RETRIEVER SEX M  
 COLOUR GOLDEN D.O.B 1/10/20

OWNED BY TERRIE MORGAN PHONE 0417 736624  
 ADDRESS 10, MUIRFIELD STREET  
HORNLANDS Q 4164

**PUPPY VACCINATION RECORD**

TREATED AGAINST	1 <sup>ST</sup> VACCINATION Date: <u>12/11/20</u> Age: <u>6wks</u>	2 <sup>ND</sup> VACCINATION Date Due: <u>10/12/20</u>	3 <sup>RD</sup> VACCINATION Date Due: <u>14/1/21</u>
DISTEMPER (CDV)	<input checked="" type="checkbox"/> CDV 	<input checked="" type="checkbox"/> CDV 	<input checked="" type="checkbox"/> CDV 
ADENOVIRUS (CAV)	<input checked="" type="checkbox"/> CAV 	<input checked="" type="checkbox"/> CAV 	<input checked="" type="checkbox"/> CAV 
PARVOVIRUS (CPV)	<input checked="" type="checkbox"/> CPV 	<input checked="" type="checkbox"/> CPV 	<input checked="" type="checkbox"/> CPV 
PARAINFLUENZA (PI2)	<input type="checkbox"/> PI2	<input type="checkbox"/> PI2	<input type="checkbox"/> PI2
BORDETELLA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BRONCHISEPTICA (BB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEPTOSPIROSIS (LI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORONAVIRUS (CCV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEARTWORM (HW)	<input type="checkbox"/>	<input checked="" type="checkbox"/> HW <u>+ Proheart Simparica + Donda</u>	<input type="checkbox"/> HW <u>+ Donda + Simparica</u>
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>12/11/20</u> 	<u>14/12/20</u> 	<u>13/1/21</u> 

**DOG VACCINATION RECORD**

TREATED AGAINST	RETREATMENT DUE: <u>13/1/22</u>	RETREATMENT DUE:	RETREATMENT DUE:
DISTEMPER (CDV)	<input type="checkbox"/> CDV	<input type="checkbox"/> CDV	<input type="checkbox"/> CDV
ADENOVIRUS (CAV)	<input type="checkbox"/> CAV	<input type="checkbox"/> CAV	<input type="checkbox"/> CAV
PARVOVIRUS (CPV)	<input type="checkbox"/> CPV	<input type="checkbox"/> CPV	<input type="checkbox"/> CPV
PARAINFLUENZA (PI2)	<input type="checkbox"/> PI2	<input type="checkbox"/> PI2	<input type="checkbox"/> PI2
BORDETELLA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BRONCHISEPTICA (BB)	<input type="checkbox"/> BB	<input type="checkbox"/> BB	<input type="checkbox"/> BB
LEPTOSPIROSIS (LI)	<input type="checkbox"/> LI	<input type="checkbox"/> LI	<input type="checkbox"/> LI
CORONAVIRUS (CCV)	<input type="checkbox"/> CCV	<input type="checkbox"/> CCV	<input type="checkbox"/> CCV
HEARTWORM (HW)	<input type="checkbox"/> HW	<input type="checkbox"/> HW	<input type="checkbox"/> HW
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DATE VET SIGNATURE	DATE VET SIGNATURE	DATE VET SIGNATURE

TREATED AGAINST	RETREATMENT DUE:	RETREATMENT DUE:	RETREATMENT DUE:
DISTEMPER (CDV)	<input type="checkbox"/> CDV	<input type="checkbox"/> CDV	<input type="checkbox"/> CDV
ADENOVIRUS (CAV)	<input type="checkbox"/> CAV	<input type="checkbox"/> CAV	<input type="checkbox"/> CAV
PARVOVIRUS (CPV)	<input type="checkbox"/> CPV	<input type="checkbox"/> CPV	<input type="checkbox"/> CPV
PARAINFLUENZA (PI2)	<input type="checkbox"/> PI2	<input type="checkbox"/> PI2	<input type="checkbox"/> PI2
BORDETELLA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BRONCHISEPTICA (BB)	<input type="checkbox"/> BB	<input type="checkbox"/> BB	<input type="checkbox"/> BB
LEPTOSPIROSIS (LI)	<input type="checkbox"/> LI	<input type="checkbox"/> LI	<input type="checkbox"/> LI
CORONAVIRUS (CCV)	<input type="checkbox"/> CCV	<input type="checkbox"/> CCV	<input type="checkbox"/> CCV
HEARTWORM (HW)	<input type="checkbox"/> HW	<input type="checkbox"/> HW	<input type="checkbox"/> HW
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DATE VET SIGNATURE	DATE VET SIGNATURE	DATE VET SIGNATURE