**Puppy Health Checklist**

**NAME OF PUP:** **WHELPED:**

Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Temperature: \_\_\_\_\_\_\_\_\_\_\_\_

TM

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Normal** | **Abnormal** | **Comments** |
| **Ears**Clean, free of debris/mites |  |  |  |
| **Eyes**Clear, no cataracts/film |  |  |  |
| **Nose**Clear of mucus |  |  |  |
| **Head**No scars, bites, or scratches |  |  |  |
| **Teeth**no over/under bite |  |  |  |
| **Throat**Clear of debris |  |  |  |
| **Heartbeat**Normal for the size, weight, and age of puppy |  |  |  |
| **Legs**Normally developed for a large breed, including joints |  |  |  |
| **Feet** Without rips/tears, normal number of toes |  |  |  |
| **Tail**Without crooks or damage |  |  |  |
| **Genitals**Anal glands not inflamed or compacted |  |  |  |
| **Coat and Skin**Clean/healthy without fleas or ticks |  |  |  |
| **Stool Sample**Giardia, coccidia, roundworms, other |  |  | Date tested: |

Wormed: Puppy Shots:

This puppy was examined thoroughly by a licensed veterinarian from:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name Phone

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Veterinarian Signature Date