



K-9 Kingdom  
26700 Highland Rd.  
Richmond Hts. OH 44143  
(440) 442-0876

## Medical Records

Owners Name \_\_\_\_\_

Dogs Name \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_

Hospital Name \_\_\_\_\_

Hospital Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

**The records must be received prior to the trial visit**

Last Physical Exam \_\_\_\_\_

DHLPP \_\_\_\_\_

Rabies Vaccination \_\_\_\_\_ 1 year or 3 years

Bordatella \_\_\_\_\_

Fecal Sample \_\_\_\_\_ Positive/Negative

Heartworm Test \_\_\_\_\_

Heartworm Preventative \_\_\_\_\_

Last Date Purchased \_\_\_\_\_

Flea Preventative \_\_\_\_\_

Last Date Purchased \_\_\_\_\_

Allergies (food, meds) \_\_\_\_\_

The above medical information is true to the best of my  
knowledge \_\_\_\_\_

Veterinarian's signature

In the event of an emergency K-9 Kingdom has my permission to transport  
\_\_\_\_\_ to the above vet or closest reliable vet if necessary.

All payment will be made between dog owner and treating veterinarian.

Please make arrangements with your vet if necessary.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date