



Pet Health Record Template

Pet Information

Information	Details
Pet Name	
Species	
Breed	
Date of Birth	
Gender	
Microchip Number	
Neutered/Spayed	☐ Yes ☐ No
Weight	

Owner Information

Information	Details
Owner Name	
Address	
Mobile Number	
Email Address	
Emergency Contact	
Emergency Phone Number	



Veterinary Information

Information	Details
Veterinary Practice	
Veterinary Phone Number	
Emergency Vet	
Emergency Contact Number	
Pet Insurance Provider	
Policy Number	
Renewal Date	



Vaccination	Date Administered	Next Due Date	Veterinary Practice



Medication Tracker

Medication	Dosage	Frequency	Duration	Notes

Medical History

Date	Condition / Diagnosis	Treatment	Vet Notes

Weight Tracking

Date	Weight (kg)	Notes

 Preventative Care Checklist

Task	Last Completed	Next Due
Flea Treatment		
Worming Treatment		
Dental Check		
Annual Health Check		
Vaccination Booster		
Nail Trim		
Grooming Appointment		

 Allergies & Special Requirements

Known Allergies

Dietary Requirements

Existing Health Conditions

Behavioural Notes



Appointment Log

Date	Vet / Specialist	Purpose of Visit	Outcome

Important Notes
