Dog Vaccination Record Checklist

Dog Name: _____

Breed: _____

Date of Birth: _____

Microchip Number: _____

Veterinary Practice: _____

Phone Number: _____

CORE VACCINATIONS

[ ] First Puppy Vaccination

Date: _____

Vet Stamp/Initials: _____

[ ] Second Puppy Vaccination

Date: _____

Vet Stamp/Initials: _____

ANNUAL BOOSTERS

[ ] Booster Year 1

Date: _____

Next due: _____

[ ] Booster Year 2

Date: _____

Next due: _____

[ ] Booster Year 3

Date: _____

Next due: _____

[ ] Booster Year 4

Date: _____

Next due: _____

[ ] Booster Year 5

Date: _____

Next due: _____

OPTIONAL VACCINATIONS

[ ] Kennel Cough

Date: _____

Next due: _____

[ ] Rabies

Date: _____

Next due: _____

NOTES

_____

_____

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