

PUPPY LOVE SHELTIES

P.O. BOX 233

29 PALMS, CA 92277

760-362-4022

puppyloveshelties@yahoo.com

YOUR VETERINARIAN'S INFORMATION

name of your veterinarian: _____ phone: _____
address: _____ City: _____
website: _____ hours: _____
other needed information: _____

2nd veterinarians name: _____ phone: _____
address: _____ City: _____
website: _____ hours: _____
other needed information: _____

YOUR EMERGENCY VETERINARIAN INFORMATION

name of vet or clinic: _____ phone: _____
address: _____ City: _____
website: _____ hours: _____
cross streets or directions: _____

name of vet or clinic: _____ phone: _____
address: _____ City: _____
website: _____ hours: _____
cross streets or directions: _____

medications your Sheltie is taking: _____

Allergies: _____

type and brand of dog food: _____

feeding schedule: _____

NOTE - you will find your Shelties vaccination and worming record near the back of this book along with two (2) extra copies.

Do to the location where we live, we do NOT give any flea, tick or heart worm medications!