

# MOUNTAIN TOP RAT TERRIERS

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## CANINE HEALTH RECORD

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_ Color \_\_\_\_\_

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Registration # \_\_\_\_\_

Microchip # \_\_\_\_\_

### VACCINATIONS

1st Vaccination \_\_\_\_\_ Given \_\_\_\_\_ Next one due \_\_\_\_\_

2nd Vaccination \_\_\_\_\_ Given \_\_\_\_\_ Next one due \_\_\_\_\_

3rd Vaccination \_\_\_\_\_ Given \_\_\_\_\_ Next one due \_\_\_\_\_

Boosters \_\_\_\_\_

Rabies Vaccination (at 4 mo. old) \_\_\_\_\_ Given \_\_\_\_\_

### MEDICATIONS

Worming Medication \_\_\_\_\_ Given \_\_\_\_\_

Additional dates for Worming Meds \_\_\_\_\_

Heartworm Prevention (not given until 4 mo old) \_\_\_\_\_

Flea Prevention (not given unless fleas present) \_\_\_\_\_

**ADDITIONAL NOTES**

REMINDER: REGISTER THE MICROCHIP IN YOUR NAME BY **ONE MONTH AFTER PURCHASE**

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