

# Regency Ranch Pups

## Verification of Veterinary Services

Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Dogs Name: \_\_\_\_\_

Gender: M F Color: \_\_\_\_\_ Current Weight: \_\_\_\_\_

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### Clinic Information: Please Print or Stamp Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

*I will be using this veterinarian in the future for any additional puppy care, emergency care, and general veterinary services. I give Regency Ranch permission to contact the above-mentioned veterinarian to verify care information if necessary.*

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Veterinary Evaluation

On \_\_\_\_\_ I, \_\_\_\_\_ verify that I have examined the puppy  
(Date of Exam) (Veterinarian's Name – Please Print)

noted above and consider it to be in: Good Health (WNL/NAF)      WNL/ Minor Matter      Unhealthy

Please note any abnormalities, problems, or ailments associated with the puppy: \_\_\_\_\_

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Has this puppy been placed on heartworm preventative?      Yes      No

If not, at what age will the puppy be placed on preventative? \_\_\_\_\_

Veterinarian Signature: \_\_\_\_\_ License #: \_\_\_\_\_

**Note to Veterinarian/Vet Techs –** Please feel free to contact me at any time if you have any questions about this form, if you need additional information on the puppy/dog, or if you need to discuss a medical issue. PH: 830-534-7516

**Once complete please send copy to: regencyranchtx@gmail.com**

**THANK YOU**