

Regency Ranch Pups Verification of Veterinary Services

Owner Name: _____ Phone #: _____

Email: _____ Dogs Name: _____

Gender: M F Color: _____ Current Weight: _____

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: _____

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: _____

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