



OWNER ADMINISTERED VACCINATION RECORD

OWNER NAME: _____

TMDTC BOD APPROVAL: _____

DOG INFORMATION

CALL NAME _____ BREED _____

GENDER _____ WHELP DATE _____

ID (CHIP/TATTOO) _____

VACCINE INFORMATION

DATE ADMINISTERED _____ NEXT BOOSTER DUE _____

VACCINE TYPE (DAPP, ETC) _____

MANUFACTURER _____

SERIAL # _____

EXPIRATION DATE _____

VACCINE SOURCE _____

(Valley Vet, etc)

VACCINE INFORMATION

DATE ADMINISTERED _____ NEXT BOOSTER DUE _____

VACCINE TYPE (DAPP, ETC) _____

MANUFACTURER _____

SERIAL # _____

EXPIRATION DATE _____

VACCINE SOURCE _____

(Valley Vet, etc)

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