

PET HEALTH CHECK

Pet Name: _____

Date: _____

Behaviour	Normal Observation	Notes
Energy Level	Consistent with usual activity	
Appetite	Eats regular meals without hesitation	
Thirst	Regular water intake, not excessive	
Eye Clarity	Clear and bright	
Nose Moisture	Moist, not overly dry or runny	
Coat Condition	Shiny and smooth, without excessive shedding or bald patches	
Gum Colour	Pink, no excessive redness or pale colour	
Stool Consistency	Firm, well-formed	
Urine Colour	Light yellow, clear	
Response to Commands	Alert and obedient	

EMERGENCY CONTACTS

EMERGENCY CONTACT	NAME	PHONE NUMBER
Emergency Vet Services		
Vet – Alternative / Away		
RSPCA		
Local Council Dog Shelter		
Kennel – Primary		
Kennel – Secondary		
Kennel – Alternative / Away		
Pet Sitter		
Pet Day Care		
Other – Local		
Other – Away / Out of Town		
Pet Insurance Provider		



PET DETAILS

DETAILS	INFORMATION	COMMENTS
Pet name		
Type / Breed		
Date of Birth	/ / Age	
Sex	<input type="radio"/> Male <input type="radio"/> Female	
Desexed	<input type="radio"/> Yes <input type="radio"/> No	
Microchip ID	<input type="radio"/> Yes <input type="radio"/> No Number of microchip:	
Identifying features		
Behavioural issues or concerns		
Does dog bite?	<input type="radio"/> Yes <input type="radio"/> No	
Health issues, conditions and/or allergies		
Medications #1		
Medications #2		
Medications #3		
Medications #4		
Flea/tick treatment		
Vaccination		Next treatment due:
	C3 (core vax) = parvovirus, distemper, infectious hepatitis	Next treatment due:
	C4 = C3 + parainfluenza virus	Next treatment due:
	C5 = C4 + Bordetella bronchiseptica	Next treatment due:

EMERGENCY CONTACTS

EMERGENCY CONTACT	NAME	PHONE NUMBER
State Emergency Services		
Fire		
Police		
Ambulance		
Electricity Provider		
Water Provider		
Gas Provider		
Family Member 1		
Family Member 2		
Family Member 3		
Family Member 4		
Family Member 5		
Family Member 6		
Next of Kin – Primary		
Next of Kin - Secondary		
Neighbour – Primary		
Neighbour - Secondary		
Vet – Local		
Vet – Secondary		



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