



VETERINARY HEALTH REPORT

SPARTAN ROTTWEILERS

283 TIMBERCREST RD

VIOLA, ARKANSAS

Email: JudyConrad@SpartanRottweilers.com

We guarantee the puppy to be healthy and sound at purchase for 3 days.

You must take your puppy within that time period for your own puppy checkup to qualify under the health guarantee.

Spartan Rottweilers must be contacted within 24 hours of any health concerns that arise with that vet visit.

This must be verified by providing veterinarian documentation and the vets phone number.

Name _____
 Breed _____
 Color _____
 Gender ☐ Male ☐ Female
 Date of Birth _____

SKIN AND COAT	YES	NO
Fleas/Ticks	<input type="radio"/>	<input type="radio"/>
Alopecia	<input type="radio"/>	<input type="radio"/>
Signs of Infection	<input type="radio"/>	<input type="radio"/>
Additional Details _____		

EYES	YES	NO	BILATERAL
Abnormal Discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision Problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eyelash Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cherry Eye	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Details _____			

MOUTH, TEETH, GUMS	YES	NO	SIZE (CM)
Malocclusion	<input type="radio"/>	<input type="radio"/>	_____
	OVER	UNDER	NFB
Bite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Details _____			

MUSCULOSKELETAL	YES	NO	BILATERAL
Umbilical Hernia	<input type="radio"/>	<input type="radio"/>	
Inguinal Hernia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hip Pain	<input type="radio"/>	<input type="radio"/>	GRADE
Unilateral Patellar Lux.	<input type="radio"/>	<input type="radio"/>	_____
Bilateral Patellar Lux.	<input type="radio"/>	<input type="radio"/>	_____
	YES	NO	NFB SIZE (CM)
Open Fontanelle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Details _____			

Hist. of Past Surgery? _____

Explain Any Abnormalities _____

Body Condition Score 1 2 3 4 5 6 7 8 9
 (Circle a number) TOO THIN IDEAL TOO HEAVY
 Weight (lbs/oz) _____ lbs _____ oz
 Temp. (F) / Pulse (BPM) _____ / _____

CARDIOVASCULAR	YES	NO	GRADE
Heart Murmur	<input type="radio"/>	<input type="radio"/>	_____
Additional Details _____			
Respiratory Rate (BPM) _____			

RESPIRATORY	YES	NFB	NO
Coughing/Congestion	<input type="radio"/>		<input type="radio"/>
Stenotic Nares	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Details _____			

EARS	YES	NO	BILATERAL
Abnormal Debris/Discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ear Mites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Signs of Infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responds to Sound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Details _____			

UROGENITAL	YES	NO
Redundant Vulva	<input type="radio"/>	<input type="radio"/>
Undescended Testicles/Cryptorchid	<input type="radio"/>	<input type="radio"/>
Additional Details _____		

GASTROINTESTINAL	YES	NO
History of Vomiting	<input type="radio"/>	<input type="radio"/>
History of Diarrhea	<input type="radio"/>	<input type="radio"/>
Additional Details _____		

REQUIRED FECAL FLOATATION TEST BY VETERINARIAN
 Date Given _____
 Results _____
 Medications Prescribed _____
 Additional DX/TX/RX? _____

 BREEDER SIGNATURE DATE

 BREEDER PRINTED NAME

 PUPPY ID NUMBER REGISTRATION NUMBER MICROCHIP NUMBER

 VETERINARIAN SIGNATURE DATE

 VET PRINTED NAME

 VET PHONE NUMBER APHIS#

VACCINATION/DEWORMING HISTORY

(870) 321-4523 Email: JudyConrad@SpartanRottweilers.com



SPARTAN ROTTWEILERS 283 TIMBERCREST RD VIOLA, ARKANSAS

Minimum Required Vaccination Schedule

No vaccine to be given within 3 days of flight; no Bordetella within 5 days of flight

6 - 8 weeks	<ul style="list-style-type: none">• Deworming (To be administered at 2, 4, 6, and 8 weeks old)• Distemper / Parvo / Adenovirus / Parainfluenza Combo• Bordetella (At your veterinarian's discretion)
9 - 11 weeks (3 weeks later)	<ul style="list-style-type: none">• Deworming (To be administered at 10 weeks old)• Distemper / Parvo / Adenovirus / Parainfluenza Combo• Corona (At your veterinarian's discretion)
12 - 14 weeks (3 weeks later)	<ul style="list-style-type: none">• Deworming (To be administered at 12 weeks old)• Distemper / Parvo / Adenovirus / Parainfluenza Combo• Corona (At your veterinarian's discretion)• Rabies (According to your state's requirements)• Bordetella (At your veterinarian's discretion) (Not to be given within 5 days of departure)
Annually	<ul style="list-style-type: none">• Distemper / Parvo / Adenovirus / Parainfluenza Combo• Rabies• Bordetella

Deworming History

If any of these do not apply to your veterinary protocol, please indicate "too young" or "N/A".

Date Administered	Product Name and Manufacturer	Dose

Administered Date of Vaccine (Ex. 10/12/12)	Route (IN/SQ)	Initials of Administrator	Manufacturer	Lot Number/ Sticker	Vaccinations
					Distemper / Parvo / Adenovirus / Parainfluenza Combo
					Bordetella (At your veterinarian's discretion)
					Distemper / Parvo / Adenovirus / Parainfluenza Combo
					Corona (At your veterinarian's discretion)
					Distemper / Parvo / Adenovirus / Parainfluenza Combo
					Corona (At your veterinarian's discretion)
					Rabies (must be administered by your veterinarian)
					Bordetella (At your veterinarian's discretion)

PLEASE ATTACH REGISTRATION PAPERWORK

Your puppy will not be cleared to travel without a completed registration document.

BREEDER NAME

PUPPY ID NUMBER