



**SPARTAN  
ROTTWEILERS**

# VETERINARY HEALTH REPORT

**SPARTAN ROTTWEILERS  
283 TIMBERCREST RD  
VIOLA, ARKANSAS**

Email: [JudyConrad@SpartanRottweilers.com](mailto: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 \_\_\_\_\_

<b>SKIN AND COAT</b>	<b>YES</b>	<b>NO</b>
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Fleas/Ticks

Alopecia

Signs of Infection

Additional Details \_\_\_\_\_

<b>EYES</b>	<b>YES</b>	<b>NO</b>	<b>BILATERAL</b>
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Abnormal Discharge

Vision Problems

Eyelash Disorders

Cherry Eye

Additional Details \_\_\_\_\_

<b>MOUTH, TEETH, GUMS</b>	<b>YES</b>	<b>NO</b>	<b>SIZE (CM)</b>
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Malocclusion

<b>OVER</b>	<b>UNDER</b>	<b>NFB</b>
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Bite

Additional Details \_\_\_\_\_

<b>MUSCULOSKELETAL</b>	<b>YES</b>	<b>NO</b>	<b>BILATERAL</b>
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Umbilical Hernia

Inguinal Hernia

Hip Pain    **GRADE**

Unilateral Patellar Lux.

Bilateral Patellar Lux.

<b>YES</b>	<b>NO</b>	<b>NFB</b>	<b>SIZE (CM)</b>
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Open Fontanelle

Additional Details \_\_\_\_\_

Hist. of Past Surgery? \_\_\_\_\_

Explain Any Abnormalities \_\_\_\_\_

<b>Body Condition Score</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
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(Circle a number) **TOO THIN** **IDEAL** **TOO HEAVY**

Weight (lbs/oz) \_\_\_\_\_ lbs \_\_\_\_\_ oz

Temp. (F) / Pulse (BPM) \_\_\_\_\_ / \_\_\_\_\_

<b>CARDIOVASCULAR</b>	<b>YES</b>	<b>NO</b>	<b>GRADE</b>
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Heart Murmur

Additional Details \_\_\_\_\_

Respiratory Rate (BPM) \_\_\_\_\_

<b>RESPIRATORY</b>	<b>YES</b>	<b>NFB</b>	<b>NO</b>
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Coughing/Congestion

Stenotic Nares

Additional Details \_\_\_\_\_

<b>EARS</b>	<b>YES</b>	<b>NO</b>	<b>BILATERAL</b>
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Abnormal Debris/Discharge

Ear Mites

Signs of Infection

Responds to Sound

Additional Details \_\_\_\_\_

<b>UROGENITAL</b>	<b>YES</b>	<b>NO</b>
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Redundant Vulva

Undescended Testicles/Cryptorchid

Additional Details \_\_\_\_\_

<b>GASTROINTESTINAL</b>	<b>YES</b>	<b>NO</b>
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History of Vomiting

History of Diarrhea

Additional Details \_\_\_\_\_

**REQUIRED FECAL FLOATATION TEST  
BY VETERINARIAN**

Date Given \_\_\_\_\_

Results \_\_\_\_\_

Medications Prescribed \_\_\_\_\_

Additional DX/TX/RX? \_\_\_\_\_

BREEDER SIGNATURE

DATE

VETERINARIAN SIGNATURE

DATE

BREEDER PRINTED NAME

VET PRINTED NAME

PUPPY ID NUMBER

REGISTRATION NUMBER

MICROCHIP NUMBER

VET PHONE NUMBER

APHIS#

# VACCINATION/DEWORMING HISTORY

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



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

## 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.