

# Armenian Gampr Club of America

## Puppy medical history

This is to certify medical history of one \_\_\_\_\_ Armenian Gampr  
on \_\_\_\_\_

Purchased/adopted by: [name, address and phone number]

### DESCRIPTION OF DOG:

Name of dog: \_\_\_\_\_

Date Whelped: \_\_\_\_\_ Color: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Litter registration # \_\_\_\_\_ AGCA # \_\_\_\_\_

Sire: \_\_\_\_\_ AGCA# \_\_\_\_\_

Dam: \_\_\_\_\_ AGCA # \_\_\_\_\_

Breeder's name: \_\_\_\_\_

Breeder's address: \_\_\_\_\_

Altered? \_\_\_\_\_

This is to certify that the following medications have been given:

Anti-parasitic: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

Anti-parasitic: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

Anti-parasitic: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

Anti-parasitic: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

Immunizations: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

Immunizations: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

Immunizations: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

Immunizations: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

Any known medical conditions: \_\_\_\_\_

\_\_\_\_\_

Previous Medications administered(type, dosage, date & time, frequency):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_

\_\_\_\_\_

Name of owner registered with veterinarian: \_\_\_\_\_

Signature of seller: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of buyer: \_\_\_\_\_ Date: \_\_\_\_\_