Greyhound Record

Name: _____ **Establishment Address**: _____

Race Name			**Kennel Name**			**Sex**	
Whelp Date		**Colour**		**Microchip**		**Ear brand**	
Distinguishing Features						**Kennel ID**	
Event Type (worm, illness, flea, vaccination, Injury, supplement, etc)	**Date of Event**	**Event Details** (Include all info on the injury, illness or health treatment. e.g. any observations or comments, or where event happened.)	**Treatment, Medication or Substance Given** (include strength e.g.200mg & note if a Certificate, report or treatment plan is provided by Vet)	**Route of Admin**	**Amount Given & Frequency** (if Ongoing, write O/G)	**Date & Time Given**	**Given By / Authorised By** (Full Name & Signature)

All Veterinarian issued Certificates, Reports and/or Treatment Plans belong to the greyhound identified, and as such, form part of the Greyhound Record. Don't forget to include a copy of the Kennel Record with the Greyhound Record if used to record bulk routine Flea and/or Worm treatments should the greyhound leave your care.

Greyhound Record

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