Pet records checklist

Print this page and fill it in by hand, or type in the blanks and print a copy. Keep it with your pet's carrier, or take a photo for your phone.
Ask your vet which vaccines your pet needs. This form is only a place to write down what was given, not a list of what every pet should receive.

Owner / household: _____ Date completed: _____

1. Pet basics

Name: _____

Species: ☐ Dog ☐ Cat Other: _____

Breed: _____ Color / markings: _____

Sex: ☐ Male ☐ Female Spayed / neutered: ☐ Yes ☐ No ☐ Unknown

Birth date or age: _____ Weight: _____ as of _____

Photo: attach or tape a recent photo in the space below, or keep one with this sheet.

Attach a recent photo here

2. Microchip

Microchip number: _____

Manufacturer / registry: _____

Date registered: _____

Registered contact is up to date: ☐ Yes ☐ No Date last checked: _____

Registry phone or website: _____

3. Vet contact

Clinic: _____

Veterinarian's name: _____

Phone: _____ Address: _____

After-hours / emergency clinic: _____

Emergency clinic phone: _____

4. Vaccine log

Write only the vaccines your pet has received. Leave unused rows blank. If you have the certificate, copy the date, clinic, and lot or tag number from it.

In Missouri, state law addresses rabies vaccination, and local ordinances may set the details. See Chapter 322, RSMo and the Missouri Department of Health and Senior Services.

Dog

Vaccine	Date given	Next due	Clinic	Lot or tag #
Rabies				
DHPP (distemper, hepatitis/adenovirus, parvovirus, parainfluenza)				
Bordetella				
Leptospirosis				
Canine influenza				

Cat

Vaccine	Date given	Next due	Clinic	Lot or tag #
Rabies				
FVRCP (feline viral rhinotracheitis, calicivirus, panleukopenia)				
FeLV (feline leukemia)				

5. Medications

Name	Dose	How often	Start / end	Prescribed by	Notes

6. Allergies and sensitivities

Known allergies or sensitivities (food, medication, flea/tick products, or other):

What to avoid, or what happens if exposed (if you know):

☐ None known

7. Pet insurance

Provider: _____

Policy number: _____

Phone: _____ Claim portal / website: _____

8. Emergency contacts

Contact 1

Name: _____ Relationship: _____

Phone: _____ Email: _____

Contact 2

Name: _____ Relationship: _____

Phone: _____ Email: _____

Contact 3

Name: _____ Relationship: _____

Phone: _____ Email: _____

Pet sitter

Name: _____ Phone: _____

Email: _____

9. Boarding / kennel essentials

Check each item as you pack it or write it down. Give a copy of this sheet to the kennel or sitter.

☐ Vaccine proof (certificates or a copy of the log above)

☐ Feeding instructions and amounts:

☐ Medications (pack them, plus a copy of the medications table)

☐ Vet release / authorization note (the kennel's form, or a signed note that they may contact your vet)

☐ Emergency contact (from the list above)

☐ Comfort items (bed, blanket, toy):

☐ Leash / carrier

☐ Behavior notes (can be around other animals, shy, needs a quiet space, etc.):

Free from Tech Savvy Pets · Keep a copy with your pet's carrier or in your phone.