



NAME BOSTON Dog Cat
Breed MALTESE
Color WHITE M F

Date of Birth

25	Aug	2019
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BREEDER AGNES TANIA
Address SBY
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IDENTIFICATION NUMBER
 Tatting Microchip 620113001093970.
Registering at

OWNER I	
Name
Address

City Post Code
Country

VACCINATIONS

Temperature	Date Given	Dog	Cat
38.7 °C	31/1 25	<input checked="" type="checkbox"/> Distemper <input checked="" type="checkbox"/> Parvo <input checked="" type="checkbox"/> Leptospirosis <input checked="" type="checkbox"/> Parainfluenza <input checked="" type="checkbox"/> Hepatitis <input type="checkbox"/> Bordetella <input type="checkbox"/> Panleucopenia <input type="checkbox"/> Rhinotracheitis <input type="checkbox"/> Calicivirus <input type="checkbox"/> Chlamydia <input checked="" type="checkbox"/> Rabies	
Weight	Next Visit		
3.8 kg	31/1 26	<input type="checkbox"/> Distemper <input type="checkbox"/> Parvo <input type="checkbox"/> Leptospirosis <input type="checkbox"/> Parainfluenza <input type="checkbox"/> Hepatitis <input type="checkbox"/> Bordetella <input type="checkbox"/> Panleucopenia <input type="checkbox"/> Rhinotracheitis <input type="checkbox"/> Calicivirus <input type="checkbox"/> Chlamydia <input type="checkbox"/> Rabies	
Temperature	Date Given	Dog	Cat
		<input type="checkbox"/> Distemper <input type="checkbox"/> Parvo <input type="checkbox"/> Leptospirosis <input type="checkbox"/> Parainfluenza <input type="checkbox"/> Hepatitis <input type="checkbox"/> Bordetella <input type="checkbox"/> Panleucopenia <input type="checkbox"/> Rhinotracheitis <input type="checkbox"/> Calicivirus <input type="checkbox"/> Chlamydia <input type="checkbox"/> Rabies	
Weight	Next Visit		
		<input type="checkbox"/> Distemper <input type="checkbox"/> Parvo <input type="checkbox"/> Leptospirosis <input type="checkbox"/> Parainfluenza <input type="checkbox"/> Hepatitis <input type="checkbox"/> Bordetella <input type="checkbox"/> Panleucopenia <input type="checkbox"/> Rhinotracheitis <input type="checkbox"/> Calicivirus <input type="checkbox"/> Chlamydia <input type="checkbox"/> Rabies	
Temperature	Date Given	Dog	Cat
		<input type="checkbox"/> Distemper <input type="checkbox"/> Parvo <input type="checkbox"/> Leptospirosis <input type="checkbox"/> Parainfluenza <input type="checkbox"/> Hepatitis <input type="checkbox"/> Bordetella <input type="checkbox"/> Panleucopenia <input type="checkbox"/> Rhinotracheitis <input type="checkbox"/> Calicivirus <input type="checkbox"/> Chlamydia <input type="checkbox"/> Rabies	
Weight	Next Visit		
		<input type="checkbox"/> Distemper <input type="checkbox"/> Parvo <input type="checkbox"/> Leptospirosis <input type="checkbox"/> Parainfluenza <input type="checkbox"/> Hepatitis <input type="checkbox"/> Bordetella <input type="checkbox"/> Panleucopenia <input type="checkbox"/> Rhinotracheitis <input type="checkbox"/> Calicivirus <input type="checkbox"/> Chlamydia <input type="checkbox"/> Rabies	

	STAMP & SIGNATURE drh. Remy Sulistyandingsih SIP No. 524.3/2854 drh. Remy Citra Raya Tarakan
LABEL	STAMP & SIGNATURE
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