BICHON LEGACY | Puppy Health Record

Bichon Beauties by Gigi • Dallas–Fort Worth | **White Mountain Bichons • Show Low, Arizona**
Roxann Skinner · Mama Rox 817-317-1074 | Doc Skinner · Pappa Doc · Head Pack Daddy 928-940-2425
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Your Puppy's Health Information

Complete this record for your puppy and bring it to veterinary visits.

Puppy's name

_____

Date of birth

_____

Breed Bichon Frise

Sex ☐ Male ☐ Female

☐ Spayed ☐ Neutered ☐ Neither

Procedure date

_____

Special markings

_____

Mother / Dam

_____

Father / Sire

_____

Puppy's AKC number

_____

Owner and Veterinarian

Owner's name

_____

Phone number

_____

Email

_____

Address

_____

_____

Date puppy acquired

_____

Your personal veterinarian

Veterinarian / clinic name

_____

Veterinarian's phone

_____

Emergency clinic or contact

_____

Emergency phone

_____

Next veterinary visit

_____

Caring for Your Baby

Stools and parasite checks

Check stools and call your veterinarian about worms, blood, or diarrhea. Parasites can be present without visible worms. Contaminated soil, feces, and other exposures can transmit parasites, even in a quiet home.

Pick up stools promptly. Ask about fecal testing during puppyhood and ongoing parasite checks. Discuss internal and external parasite prevention at least yearly; testing may be needed more often.

Fleas ticks and heartworms

Start an age- and weight-appropriate prevention plan with your veterinarian during puppyhood. Ask whether a Seresto collar or another recommended product is suitable. Do not wait until age one. Heartworm protection needs an appropriate heartworm preventive.

Bathing and grooming

Use a veterinarian-recommended puppy shampoo at home and with your groomer. Blue Dawn is not ongoing flea or tick prevention and may dry or irritate skin.

Before outings

Ask your veterinarian when dog parks and other shared dog areas are appropriate, and how to complete the puppy vaccine series.

Care references: CAPC General Guidelines (capcvet.org); PetMD, Can You Use Dawn Dish Soap to Kill Fleas? (petmd.com).

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Deworming at Six Weeks

Puppy's name _____

BREEDER-REPORTED ROUTINE: 3 mL of each product at six and eight weeks. This is unverified and is not an instruction to give a dose. Product photos and strengths are pending. A veterinarian must verify weight-based dose, whether both products are needed, interval, and course length.

Pyrantel Pamoate suspension

Date(s) given _____
Weight _____ ☐ lb ☐ kg
Exact product / strength _____
_____
Actual amount given _____ mL
Course / number of days _____
Given by / initials _____
Lot / expiration _____

Safe-Guard dewormer

Date(s) given _____
Weight _____ ☐ lb ☐ kg
Exact product / strength _____
_____
Actual amount given _____ mL
Course / number of days _____
Given by / initials _____
Lot / expiration _____

Record only treatment actually given. Attach product labels or photographs when available.

Deworming at Eight Weeks

Puppy's name _____

SECOND BREEDER-REPORTED TREATMENT: 3 mL of each product, subject to veterinary verification. Do not assume a single dose completes a course. Use the exact formulation and veterinary directions; enter all administration dates.

Pyrantel Pamoate suspension

Date(s) given _____
Weight _____ ☐ lb ☐ kg
Exact product / strength _____
_____
Actual amount given _____ mL
Course / number of days _____
Given by / initials _____
Lot / expiration _____

Safe-Guard dewormer

Date(s) given _____
Weight _____ ☐ lb ☐ kg
Exact product / strength _____
_____
Actual amount given _____ mL
Course / number of days _____
Given by / initials _____
Lot / expiration _____

Veterinarian review / date

_____

Earlier or additional treatments: attach a dated continuation record. These entries are not a complete universal deworming schedule.

Vaccination Record

Breeder reports routine puppy vaccinations at six and eight weeks. Fill in the exact vaccine and actual administration details. Product photographs are pending. These entries do not mean the puppy series is complete.

Six week vaccination

Date given _____
Vaccine / product _____
_____
Lot / expiration _____
Given by _____
Next dose due _____

Eight week vaccination

Date given _____
Vaccine / product _____
_____
Lot / expiration _____
Given by _____
Next dose due _____

Veterinarian follow up

Next vaccine / date _____
Fecal test date / result _____
_____
Flea / tick product _____
Started _____ Next due _____
Heartworm product _____
Started _____ Next due _____

Attach future vaccine records, including rabies documentation, and additional treatment notes.