



The Canine Compassion Fund, Inc.  
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(photo here)

### CCF Medical Record

Canine's name at time of adoption: \_\_\_\_\_ Internal ID #: \_\_\_\_\_

Canine's new name: \_\_\_\_\_ Rabies Tag #: \_\_\_\_\_

Microchip Maker: \_\_\_\_\_ Microchip #: \_\_\_\_\_

Altered Date: \_\_\_\_\_

Name and phone number of vet performing alter surgery: \_\_\_\_\_

Name of vet(s) and clinic for this canine: \_\_\_\_\_

Vaccinations, wormer, preventatives and dates given:

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Other medications and dates given: \_\_\_\_\_

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Any surgeries/procedures including dates:

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Any known medical or behavior issues: \_\_\_\_\_

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