Team ID:_____ Code: ____ Name:_____ Chapter:_____

Official FFA Pet Health Record

Today's Date_April 22, 2026___

Client Name: _Diana Tranier_____Address _1158 30th St, Lansing MI 48823

_____Phone:__555/505-3050_____

Employment__Pickle Street Dairy Farm_____Phone_555/505-5750____

Animal's Name_Lucy_____Breed_Jack Russel Terrier_Color_Tri Color_Species_Canine

DOB_3/28/24__Age_2____Sex_F____Altered__Y_____Date___10/28/24_____

Vaccination History

Date	Vaccination	Revaccination
_7/1/24____	Rabies_____	8/3/25_____
_5/1/24____	DHLPP_____	8/3/25_____

Fecal Exams

Date	Results
7/1/24_____	roundworms

Dental Care

_____

Allergies

None_____

Reason for Visit

_Lucy is presenting for her annual wellness exam and vaccinations. Recently she has been _having issues with urinating while she is sleeping. She has no problems with accidents _during the day. She does not seem to be drinking more than normal and is still eating.

Weight_32 pounds_____
Temperature_101.2_____