

WHELPING CHART

Sire's Name: _____

Dam's Name: _____ Today's Date: _____

| Behavior | Date | Time | Behavior | Date | Time |
|-------------------|------|------|--------------------|------|------|
| Nesting Begins | | | Panting Begins | | |
| Appetite Dimishes | | | Contractions Begin | | |
| Temp. Drops (99°) | | | | | |

PUPPY BIRTH RECORD

| | | | | | | | | | |
|--------------------|----------------------------|----------------------------|-------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| #1 | Time of Birth | | ID/Markings | | Sex | M <input type="checkbox"/> | F <input type="checkbox"/> | Weight | |
| Placenta Observed? | Y <input type="checkbox"/> | N <input type="checkbox"/> | Nursing Observed? | Y <input type="checkbox"/> | N <input type="checkbox"/> | Cleft Palette? | Y <input type="checkbox"/> | N <input type="checkbox"/> | |
| Notes: | | | | | | | | | |

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|--------------------|----------------------------|----------------------------|-------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| #2 | Time of Birth | | ID/Markings | | Sex | M <input type="checkbox"/> | F <input type="checkbox"/> | Weight | |
| Placenta Observed? | Y <input type="checkbox"/> | N <input type="checkbox"/> | Nursing Observed? | Y <input type="checkbox"/> | N <input type="checkbox"/> | Cleft Palette? | Y <input type="checkbox"/> | N <input type="checkbox"/> | |
| Notes: | | | | | | | | | |

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|--------------------|----------------------------|----------------------------|-------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| #3 | Time of Birth | | ID/Markings | | Sex | M <input type="checkbox"/> | F <input type="checkbox"/> | Weight | |
| Placenta Observed? | Y <input type="checkbox"/> | N <input type="checkbox"/> | Nursing Observed? | Y <input type="checkbox"/> | N <input type="checkbox"/> | Cleft Palette? | Y <input type="checkbox"/> | N <input type="checkbox"/> | |
| Notes: | | | | | | | | | |

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|--------------------|----------------------------|----------------------------|-------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| #4 | Time of Birth | | ID/Markings | | Sex | M <input type="checkbox"/> | F <input type="checkbox"/> | Weight | |
| Placenta Observed? | Y <input type="checkbox"/> | N <input type="checkbox"/> | Nursing Observed? | Y <input type="checkbox"/> | N <input type="checkbox"/> | Cleft Palette? | Y <input type="checkbox"/> | N <input type="checkbox"/> | |
| Notes: | | | | | | | | | |

PUPPY BIRTH RECORD

(continued...)

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|--------------------|---------------|---|-------------------|--|---|---|--------|---|
| #5 | Time of Birth | | ID/Markings | | Sex | M <input type="checkbox"/> F <input type="checkbox"/> | Weight | |
| Placenta Observed? | | Y <input type="checkbox"/> N <input type="checkbox"/> | Nursing Observed? | | Y <input type="checkbox"/> N <input type="checkbox"/> | Cleft Palette? | | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Notes: | | | | | | | | |

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|--------------------|---------------|---|-------------------|--|---|---|--------|---|
| #6 | Time of Birth | | ID/Markings | | Sex | M <input type="checkbox"/> F <input type="checkbox"/> | Weight | |
| Placenta Observed? | | Y <input type="checkbox"/> N <input type="checkbox"/> | Nursing Observed? | | Y <input type="checkbox"/> N <input type="checkbox"/> | Cleft Palette? | | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Notes: | | | | | | | | |

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|--------------------|---------------|---|-------------------|--|---|---|--------|---|
| #7 | Time of Birth | | ID/Markings | | Sex | M <input type="checkbox"/> F <input type="checkbox"/> | Weight | |
| Placenta Observed? | | Y <input type="checkbox"/> N <input type="checkbox"/> | Nursing Observed? | | Y <input type="checkbox"/> N <input type="checkbox"/> | Cleft Palette? | | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Notes: | | | | | | | | |

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|--------------------|---------------|---|-------------------|--|---|---|--------|---|
| #8 | Time of Birth | | ID/Markings | | Sex | M <input type="checkbox"/> F <input type="checkbox"/> | Weight | |
| Placenta Observed? | | Y <input type="checkbox"/> N <input type="checkbox"/> | Nursing Observed? | | Y <input type="checkbox"/> N <input type="checkbox"/> | Cleft Palette? | | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Notes: | | | | | | | | |

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|--------------------|---------------|---|-------------------|--|---|---|--------|---|
| #9 | Time of Birth | | ID/Markings | | Sex | M <input type="checkbox"/> F <input type="checkbox"/> | Weight | |
| Placenta Observed? | | Y <input type="checkbox"/> N <input type="checkbox"/> | Nursing Observed? | | Y <input type="checkbox"/> N <input type="checkbox"/> | Cleft Palette? | | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Notes: | | | | | | | | |

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|--------------------|---------------|---|-------------------|--|---|---|--------|---|
| #10 | Time of Birth | | ID/Markings | | Sex | M <input type="checkbox"/> F <input type="checkbox"/> | Weight | |
| Placenta Observed? | | Y <input type="checkbox"/> N <input type="checkbox"/> | Nursing Observed? | | Y <input type="checkbox"/> N <input type="checkbox"/> | Cleft Palette? | | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Notes: | | | | | | | | |

