

Animal ID#’s: _____ **Intake Date:** ___/___/___

Sex (at intake) M MC F FS **WEIGHT:** ___ lbs: ___ kgs

Animal Description: _____

Animal ID Check: No ID ID Found *describe:* _____

Microchip placed: yes Date: ___/___/___

Photographed: yes Date: ___/___/___

Vaccinated (FVRCP): yes Date: ___/___/___ IN SQ Initials _____

Vaccinated (Rabies): yes Date: ___/___/___ Initials _____

Vaccinated (FELV): yes Date: ___/___/___ Initials _____

FIV/FELV tested: NEG POS for _____ Date: ___/___/___

Fecal Float+smear: yes Date Sample collected: ___/___/___

Fecal Results: NEG POS for _____

MASTER PROBLEM LIST: _____

Additional Tests requested: YES Requested on: ___/___/___ Performed on: ___/___/___

Tests requested, results, notes _____

IF This box is Checked USE CAUTION with this Animal

Notes: _____

<i>Daily observations:</i>	Quarantine period (minimum 1 week) record observations									
Today’s Date:										
Attitude: (BAR,QAR, Obtunded)										
H ₂ O consumption (+/-)										
Hydration status (0,-5,-8)										
Respiratory Rate (Normal, ↑, ↓)										
Appetite (+/-)										
Feces(+/-) Describe (N,L,D,BD)										
Urine (+/-) note if abnormal										
Wound/Skin Check										
Other :										
Other :										

Medication | Dosage | Frequency **TREATMENTS: Please initial each day to indicate treatment was performed**

Standard treatments:	Bathed: <input type="checkbox"/> yes Date: ___/___/___ Flea control started: <input type="checkbox"/> yes Date: ___/___/___																				
Panacur ___ mls (PO SID X4)																					
R_x:	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd
R_x:	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd
R_x:	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd

Comments: _____

ANIMAL ID #'s _____

TODAY'S DATE: ____ / ____ / ____

ANIMAL DESCRIPTION: _____

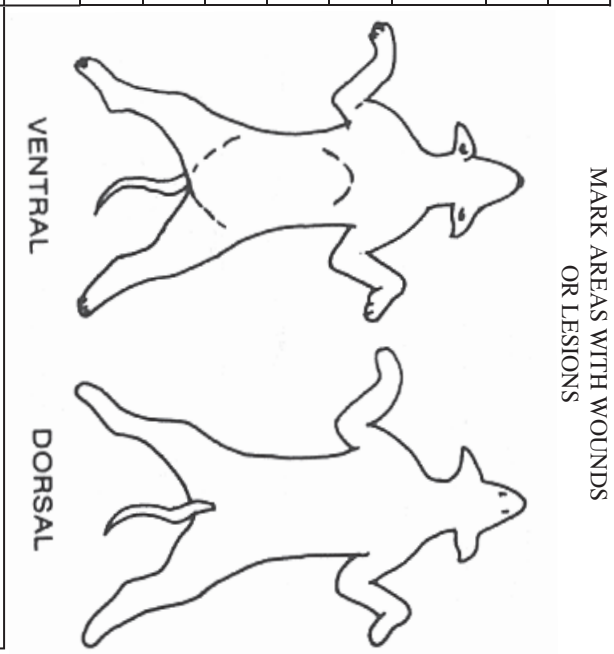
Body Condition Score: _____ Out of 9

TEMPERATURE: _____

PULSE: _____

RESPIRATION: _____

WEIGHT: _____ lbs Kgs



Physical Exam Findings/Treatment Plan:

General Appearance: N A NE *Comments:* _____

Skin: N A NE *Comments:* _____

EENT: N A NE *Comments:* _____

Musculoskeletal: N A NE *Comments:* _____

Cardiovascular: N A NE *Comments:* _____

Respiratory: N A NE *Comments:* _____

Gastrointestinal: N A NE *Comments:* _____

Genitourinary: N A NE *Comments:* _____

Nervous System: N A NE *Comments:* _____

Lymph Nodes: N A NE *Comments:* _____

Additional Comments/Treatment Plan:

N= NORMAL A= ABNORMAL NE= NOT EXAMINED