

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 (DHLPP): yes Date: ___/___/___ Initials _____

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

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

Heartworm tested: POS NEG 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: ___/___/___ | | | Heartworm Preventative: <input type="checkbox"/> yes Date: ___/___/___ | | | | | | | | | | | | | | |
| Panacur ___ mls (PO SID X4) | | | | | | | | | | | | | | | | | | | | | |
| R_x: | | | | | | | | | | | | | | | | | | | | | |
| R_x: | | | | | | | | | | | | | | | | | | | | | |
| R_x: | | | | | | | | | | | | | | | | | | | | | |

Comments: _____
