

Animal Care Record

Intake Information

Name: _____			DOB: _____			Intake Date: _____								
Breed: _____			Color: _____											
<input type="checkbox"/> Dog		<input type="checkbox"/> Cat		Intake Weight: _____		Spayed/Neutered at Intake:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Surrendered	<input type="checkbox"/> Rescued	<input type="checkbox"/> Declawed
Shelter: _____				Animal ID: _____				Microchip: _____						
Foster: _____						Intake Approved by: _____								

Medical Information

Spay/Neuter		Rabies			
Date: _____	Vet: _____	Tag: _____	Date: _____	Vet: _____	
FeLV/FIV Test		<input type="checkbox"/> Positive			
Date: _____	Results: _____	<input type="checkbox"/> Negative		Vet: _____	
Heartworm		<input type="checkbox"/> Positive		Treatment	
Test Date: _____	Results: _____	<input type="checkbox"/> Negative		Date(s): _____	

Deworming Schedule

Date: _____	Med/Amt: _____		Date: _____	Med/Amt: _____	
Date: _____	Med/Amt: _____		Date: _____	Med/Amt: _____	
Date: _____	Med/Amt: _____		Date: _____	Med/Amt: _____	

Monthly Flea Prevention

Date: _____	Med/Amt: _____		Date: _____	Med/Amt: _____	
Date: _____	Med/Amt: _____		Date: _____	Med/Amt: _____	
Date: _____	Med/Amt: _____		Date: _____	Med/Amt: _____	

Heartworm Prevention

Date: _____	Med/Amt: _____		Date: _____	Med/Amt: _____	
Date: _____	Med/Amt: _____		Date: _____	Med/Amt: _____	
Date: _____	Med/Amt: _____		Date: _____	Med/Amt: _____	

Vaccination Schedule

1st Set		2nd Set		3rd Set	
Date: _____		Date: _____		Date: _____	

Additional Information:
