Dane County Friends of Ferals

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(608) 467-4067 info@daneferals.org
www.daneferals.org

—MEDICAL RECORD—

Basic Information

Name: _____

Date entered into program: _____

Booking #: _____

Origin: _____

Breed: (circle one) DSH DMH DLH

Color/description: _____

_____

Sex: (circle one) M F S N

Estimated age/DOB: _____

BCS on arrival: (circle one)

1 2 3 4 5 6 7 8 9

Adoption Requirements

(Check box and record date when done.
All boxes to be checked prior to adoption.)

[ ] Spay/Neuter _____

[ ] FVRCP (distemper) vaccine (1-4 shots)

_____ _____

_____ _____

[ ] Rabies vaccine _____

[ ] Deworming _____

[ ] Flea/tick prevention _____

[ ] FeLV test _____ (circle one)
POS NEG

[ ] FIV test _____ (circle one)
POS NEG Too young

[ ] DTM taken _____ POS NEG

FVRCP (distemper) Vaccinations (SQ R shoulder unless otherwise noted. Kittens may receive up to four shots.)

_____	_____	_____	_____
(date/given by)	(date/given by)	(date/given by)	(date/given by)

Rabies Vaccination (SQ R rear unless otherwise noted.)

Manufacturer: _____ Given by/date: _____

Serial #: _____ Signature: _____

Tag #/Exp. Date: _____ License #: _____

Other Treatment/Procedures

(Continue on back if necessary.)

Date	Procedure/Medication	Initials

Other Treatment/Procedures

Date **Procedure/Medication** **Initials**