



3516 W. 26TH Street · Chicago, Illinois 60623 · Phone: 773.521.1408 · Fax: 773.521.1142

Date of Arrival: _____ **Patient's Name:** _____ **ID#** _____

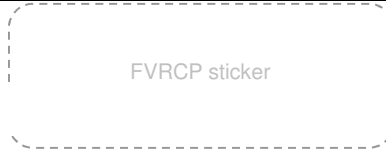
Source: _____ **Sex:** M F MN FS **Weight:** _____ lb _____ oz

Breed: _____ **Age:** _____ **Description:** _____

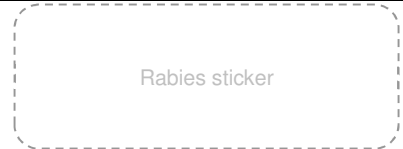
Additional Notes: _____

Date Completed: _____

Microchip #: _____
(chipped by: _____)



RF
SQ



RR
SQ

_____ date: FVRCP _____ Strongid _____ (# mL) Praziquantel _____ (# mL) Revolution: _____ (color) Woods Lamp: _____ Marquis _____ (if <5#)

_____ date: Exam _____ Rabies _____ FeLV/FIV/Heartworm Test _____ (result) Famciclovir: _____

Attitude: _____ BCS: 1 2 3 4 5 Temperature: _____ ° Performed by: _____ DVM

Physical Exam	Normal	Abnormal
Hydration:	_____ no dehydration	
Musculoskeletal/ Neuro:	_____ not lame	
Eyes:	_____ No discharge or squinting	
Ears:	_____ No discharge or inflammation	
Nose:	_____ No discharge or ulceration	
Mouth:	_____ Sit/no tartar, no retained/fx Gums pink/ no pain/ ulcers	
Skin:	_____ No alopecia/ crusts/pyoderma	
Thorax:	_____ No murmur/ lungs clear	
Abdomen:	_____ No masses/pain	
Urogenital:	_____ Intact	<input type="radio"/> spay/neuter scar?

Additional Notes: _____

Prescriptions:

Doxycycline 50mg/mL: _____ mL by mouth every _____ hrs x _____ days

Doxycycline 100mg: _____ tabs by mouth every _____ hrs x _____ days

_____ :

APPROVED (circle): Surgery/ Adoption/ Foster/ Isolate/ Lime Sulfur Dip/ Other _____
Recheck (date or days until): _____