



## Coulee Region Humane Society Feline Health Check

Vaccination:	Date:	Initials:	Date:	Initials:
Fel-O-Guard Plus 3 (FVRCP)	4/19/17	AL/KM	5/7/17	AL
Rabies Clinic:	Hillside		Date Given:	5/5/17
Tag #:	0793/17		Date Due:	5/5/18

**\*\* Note to Veterinarian \*\*** Additional exam/surgical notes for services provided while under the care of CRHS may be available. Please call 608-781-4014 with an email address to which the records can be sent electronically.

Dewormer:	Date:	Initials:	Date:	Initials:	Date:
Revolution:	4/19/17	AL	5/19/17	AL	
	Reason Given: std dewormer				
Pyrantel:					
	Reason Given:				
Feline Drontal:					
	Reason Given:				
Other:					
	Reason Given:				

Flea Precaution:	Date:	Initials:	Date:	Initials:
Revolution:	4/19/17	AL	5/19/17	AL
Other:				

Other Vaccinations:	Date:	Date:	Date:	Date:	
					Given By:
					Given By:

Added to ASM  
 Extended Stay

Case #: 24911  
 Name: POSSUM  
 Arrival Date: 4/18/17  
 Breed: DSH  
 Description: Pastel Tortie  
 Sex: F-S Age: 3/2 yr  
 Declawed (circle) Not Front Back  
 Spay/Neutered \_\_\_\_\_  
 Clinic: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Suture Removal Date: \_\_\_\_\_  
 Preliminary Felv/FIV Screen:  
 Given By: AA/AG  
 Date: 5/8/17 Results: (-)  
 Scanned for Microchip:  
 Date: 4/19/17 Results: +  
 Microchip Brand: \_\_\_\_\_  
 Chip #: \_\_\_\_\_  
 Given By: \_\_\_\_\_  
 Intake Weight (# oz.):  
13 # 5.60Z  
 Initials: AL

Date in to foster: \_\_\_\_\_ Date returned from foster: \_\_\_\_\_

### Other Medications/Treatments Received

Date:	Medication:	Reason/Symptoms:	Prescribed by:	Initials:

### Upper Respiratory Infections:

Date Moved into Isolation:	Date Moved Out of Isolation:	Reason:	Prescribed by:	Initials: