

APA! Feline Medical Intake Form

	Name:			ID#:			Circle			1	/	
LIV G o	LIVU 67 ing People Help Pets					Male	or F	emale	Age:			
						Intact or	Spayed/	/Neutered	Weight:			
∟ Pre-arrival ch	neck	(circle	annron	riate c	hoices)	1			I			
Intake type:	1001	AAC	' i '		iioices)		Return	Stray from	n Public	Owne	er Sum	render
Previous Record	e. F	lave prior r		- Cricitor.		If yes →		rom a trusted			or	No
Frevious Necoru	3. 1	iave prior i	ecorus:		163 01 110	II yes	Records	Tom a trusted	source:	163	Oi	110
					Paw 1: Vac	cinations						
FVRCP @ birth	N	ot Needed	Need	ed •	Given SQ A	nnual or Boos	ter in 2wks	Sticker:				
Rabies ≥12wks AND 3lbs	N	ot Needed	Need	ed	Given SQ Right	Rear Leg Boost	er Due: 1 yr		of Vaccine: ving:			
					Paw 2: Prev	ventatives						
Dewormer (Stron	gid)	Not Need	ded Nee	eded	Given PO Do:	se:cc	Next due:					
Flea Prevention		Not Need	ded Nee	eded	Given topical I	Med:	[Dose:	cc	Rep	eat Mo	onthly
Penicillin Inj <1.5	lbs	Not Need	ded Nee	eded	Given SQ Dilut							
					Paw 3: Diagn	ostic Tests						
Blacklight Ringworm Check	Unable due Needed to behavior					Done Fluorescence Seen? Yes No If yes*, include ringworm dx info and tx in notes section						
FeLV Test	Not Needed Needed Bat			atch or Individual	ch or Individual Positive Negative Comments:							
Pa	w 4: E	BASES E	xam - Pr	ovide d	etails in notes a	and follow dx/t	tx protoc	ol for item	s with a s	star*		
Bcs:	_/ 9	Depressed	d* QAF		Diambaa in aana	Y* N e/wet tail? Y*	N	Meatball teste Pass or		N		
Abnormalitie	s	Wounds?	Y*	N	Masses/Tumors	? Y* N		Limping?	/* N			
		Severity: r	nild mod	severe	Location:		Toe Touching or Non-Weight Bearing			ng		
Skin and Coa	at	Hair loss? Diagnostic	Y s done? Y		Live fleas seen? Y* N Infested? Y* N Ticks? Y* N			Scratching/Chewing Excessively? Y* N				
Ears, Eyes, Nose, Mouth			iormal*	Eyes: Clear Nose: Clear	Abnormal* Abnormal*		Tongue Ulcers Y* N Dental Disease Grade:/IV					
Sterilization and	d ID		for s/n 2 testicles	(if male)	ScannPlaced	ed for Chip d Chip		Chip Number:				
Notes:												
1									Tech In	itials	:	



		APA! Canine Medical Intake Form						
Name:	ID#:		Date:	1	1			
		Male	or	Female	Age:			
		Intact or	Spay	yed/Neutered	Weight:			

Intake type:	AAC	Other Shelter:					Return	Stray from Public Owner Surrence			render
Previous Records:	Have prior recor	ds?	Yes	or	No	If yes \rightarrow	Records from a trusted source?		Yes	or	No

Paw 1: Vaccinations *If DAPP is needed, give in transporter vehicle before entering if possible*								
DAPP any age	Not Needed	Needed	Given SQ Annual or Booster in 2wks	Sticker:				
Rabies ≥12wks	Not Needed	Needed	Given SQ Right Rear Leg Booster Due: 1 yr Rabies Tag Number:	Lot #: Expiration of Vaccine: Vet Approving:				
Bordetella ≥6wks	Not Needed	Needed	Given IN Booster Due: 1 yr	Sticker:				

			Paw 2: Preventatives
Dewormer (Strongid) ≥2wks	Not Needed	Needed	Given PO Dose:cc Next due:
Flea Prevention ≥6wks (2wks if live fleas seen)	Not Needed	Needed	Given topical Med: Dose:cc Repeat Monthly
Heartworm Prevention (Ivermectin 1%) ≥6wks	Not Needed	Needed	Given PO Ivermectin 1% Dose:cc Repeat Monthly
Penicillin Inj <5wks	Not Needed	Needed	Given SQcc once

Paw 3: Diagnostic Tests										
Heartworm Test ≥7mo	Not Needed	Needed	• Done	Positive	Negative	Next Due:				

Paw 4: BASES Exam - Provide details in notes and follow dx/tx protocol for items with a star*									
Bcs :/ 9	Depressed* QAR BAR mm=CRT	Vomit in cage? Y* N Diarrhea in cage/wet tail? Y* N	Meatball tested? Y N Pass or Fail*						
Abnormalities	Wounds? Y* N	Masses/Tumors? Y* N	Limping? Y* N						
	Severity:	Location:	Toe Touching or Non-Weight Bearing						
Skin and Coat	Hair loss? Y* N	Live fleas seen? Y* N Infested? Y* N	Scratching/Chewing Excessively? Y* N						
	Skin Scrape:	Ticks? Y* N	I N						
Ears, Eyes, Nose, Mouth	Ears: Clear Abnormal*	Eyes: Clear Abnormal* Nose: Clear Abnormal*	Dental Disease Grade:/IV						
Sterilization and ID	Checked for s/n 2 testicles (if male)	Scanned for ChipPlaced Chip	Chip Number:						

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Tech Initials: