APA! Feline Medical Intake Form

Name:	ID#:	Circle	Date: / /
		Male or Female	Age:
		Intact or Spayed/Neutered	Weight:

Pre-arrival check (circle appropriate choices)

Intake type:	AAC	Other Shelter: _____	Return	Stray from Public	Owner Surrender
Previous Records:	**Have prior records?** Yes or No	If yes →	**Records from a trusted source?** Yes or No		

Paw 1: Vaccinations				
FVRCP @ birth	Not Needed	Needed	• Given SQ Annual or Booster in 2wks	Sticker:
Rabies ≥12wks AND 3lbs	Not Needed	Needed	• Given SQ Right Rear Leg Booster Due: 1 yr	Lot #: Expiration of Vaccine: Vet Approving:

Paw 2: Preventatives			
Dewormer (Strongid)	Not Needed	Needed	• Given PO Dose: _____cc Next due: _____
Flea Prevention	Not Needed	Needed	• Given topical Med: _____ Dose: _____cc Repeat Monthly
Penicillin Inj <1.5lbs	Not Needed	Needed	• Given SQ Diluted 1:6 concentration, dose given _____cc once

Paw 3: Diagnostic Tests					
Blacklight Ringworm Check	Unable due to behavior	Needed	Done	Fluorescence Seen? Yes No If yes*, include ringworm dx info and tx in notes section	
FeLV Test	Not Needed	Needed	Batch or Individual	Positive Negative	Comments: _____

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 Severity: mild mod severe	Masses/Tumors? Y* N Location: _____	Limping? Y* N Toe Touching or Non-Weight Bearing
Skin and Coat	Hair loss? Y* N Diagnostics done? Y* N	Live fleas seen? Y* N Infested? Y* N Ticks? Y* N	Scratching/Chewing Excessively? Y* N
Ears, Eyes, Nose, Mouth	Ears: Clear Abnormal*	Eyes: Clear Abnormal* Nose: Clear Abnormal*	Tongue Ulcers Y* N Dental Disease Grade: _____/IV
Sterilization and ID	• Check for s/n • Check 2 testicles (if male)	• Scanned for Chip • Placed Chip	Chip Number:

Notes:

Tech Initials:

APA! Canine Medical Intake Form

Name:	ID#:	Circle	Date: / /
		Male or Female	Age:
		Intact or Spayed/Neutered	Weight:

Pre-arrival check (circle appropriate choices)

Intake type:	AAC	Other Shelter: _____	Return	Stray from Public	Owner Surrender
Previous Records:	**Have prior records?** Yes or No	If yes →	**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 SQ _____cc 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 Severity: _____	Masses/Tumors? Y* N Location: _____	Limping? Y* N Toe Touching or Non-Weight Bearing
Skin and Coat	Hair loss? Y* N Skin Scrape: _____	Live fleas seen? Y* N Infested? Y* N Ticks? Y* N	Scratching/Chewing Excessively? Y* 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 Chip • Placed Chip	Chip Number:

Notes:

Tech Initials: