

SURGERY PREP DOG



Owner: _____ Pet: _____

Age/DOB: _____ Sex: F M Wt: _____ Temp: _____

Color: _____ Hair Length: _____ Breed(s): _____ Distinguishing Marks: _____

Financial Info				
Services: Free Low Cost		Eligibility: Financial 501c Rescue		Sponsor: OM OMPET RexSam MT
Nac. Cty. Residency Confirmed: <input type="checkbox"/>		\$10 Co-Pay: Date _____		Bill Sponsor: \$ _____ Balance Due
Vaccination				
Vaccine	Age	Date	Sticker	Performed By
DHPP #1			RF	Breeder Vet Shelter Rescue Clinic
DHPP #2 (kitten)			RF	Breeder Vet Shelter Rescue Clinic
DHPP 1yr			RF	Breeder Vet Shelter Rescue Clinic
Bordatella #1			IN	Breeder Vet Shelter Rescue Clinic
Bordatella 1yr			IN	Breeder Vet Shelter Rescue Clinic
Rabies			RR	Vet Clinic
Deworming				
Drug	Dose	Date	Performed By	
Capstar	blue green	1	Breeder Vet Shelter Rescue Clinic	
Panacur	cc		Breeder Vet Shelter Rescue Clinic	
Praziquantel		1	Breeder Vet Shelter Rescue Clinic	
Ivermectin:PG 1:9	0.1cc each ear	1	Breeder Vet Shelter Rescue Clinic	
Tests				
Test	Result	Date	Performed By	
Occult HW	Pos Neg		Vet Shelter Rescue Clinic	
Fecal Flotation	Pos Neg		Vet Shelter Rescue Clinic	
Identification				
ID Method	Number	Date		
Microchip:			scan negative	Breeder Vet Shelter Rescue Clinic
City Tag:				
Rabies Tag:			clinic:	Vet Clinic
Other				