

Unchaining Moore Dogs Standard Procedure Form

Pet Name: _____ **Appointment Date/Time:** _____

Breed (best guess): _____ **Age/DOB:** _____

Sex/Altered: _____ **Color:** _____

Preventive Care	Needed? Y/N	Done	Preventive Care Cont.	Needed? Y/N	Done
Rabies			Nail Trim		
DA2PP/FVRCP			Deworming		
BORDETELLA			Microchip		
FELV/FIV TEST			Fecal Float		
HW4DX			Ear Cytology		

Surgery/Procedures needed:

Additional Concerns:

Meds Going Home	Needed?		Medical Records Needed <small>(list below)</small>
Pain meds			
E-Collar			

Contact for authorization:

All services requested by Rescue group were performed and pet was discharged with needed medications and records.

Tech signature _____ Doctor signature _____

All medication/ records listed on form have been given to the individual picking up this pet.

Signature of Foster or Rescue Representative _____