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www.volunteerservicesforanimals.com

"HELPING THE HOMELESS ANIMALS OF COLLIER COUNTY SINCE 1982"

Pet Medical Record

Intake Date _____
Foster Parent _____
Pet's Name _____ **Intake weight** _____
Male _____ **Female** _____ **Color** _____ **Breed** _____
Pet History (where did pet come from, any pertinent information):

Grooming Date (Nail Trim) _____
Date & Weight _____
Approximate Intake Age _____

Date	Dewormer	<u>Treatments</u>	
		Flea	Parasite
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FELV/FIV Test:
Date _____ **Negative** [] **Positive** []

Spayed/Neutered:
Date _____ **Clinic Name** _____

Vaccinations:

Date	Date	Date
_____	_____	_____

Illnesses:
Type _____
Treatment (s): _____

Microchip Yes [] **No** [] **Microchip Number** _____

Microchip Company _____