PARMA ANIMAL SHELTER, INC.
FELINE HEALTH RECORD

NAME _____

Impoundment # _____

PAS Log # _____

DATE OF INTAKE	DATE OF BIRTH	DATE OF ADOPTION	MALE FEMALE

HAIR LENGTH: SHORT MEDIUM LONG **DECLAWED:** NO YES - 2 PAW 4 PAW

HAIR COLOR(S): BEIGE BLACK BROWN GRAY ORANGE WHITE _____

TYPE: CALICO SIAMESE TABBY TORTI TUXIE OTHER: _____

MOTHERS NAME _____ **SIBLINGS NAMES** _____

BABIES NAMES _____

FOSTER PARENT	DATE	FOSTER PARENT	DATE
	/ /		/ /

BLACK LIGHT	ANTIMICROBIAL FOAM	FELV / FIV	*NEGATIVE* *POSITIVE*
___/___/___	___/___/___		___/___/___

MICROCHIP *SCANNED* ___/___/___ *PLACE STICKER HERE*

INSERTED ___/___/___

VACCINES *Every 3 weeks*

FVRCP # 1 ___/___/___ *PLACE STICKER HERE*

FVRCP # 2 ___/___/___ *PLACE STICKER HERE*

RABIES ___/___/___ *PLACE STICKER HERE* *SEE CERTIFICATE*

DEWORMING *Every 2 weeks*

PYRANTEL # 1	*PYRANTEL # 2*	*PYRANTEL # 3*
___/___/___	___/___/___	___/___/___

FLEA *CATEGO* *CHERISTIN* *OTHER:*

TREATMENT *Every Month*

# 1 ___/___/___	*# 1* ___/___/___	*# 1* ___/___/___
# 2 ___/___/___	*# 2* ___/___/___	*# 2* ___/___/___

EARS CLEANED ___/___/___ ___/___/___ ___/___/___ ___/___/___

NAILS CUT ___/___/___ ___/___/___ ___/___/___ ___/___/___

ALTERED

___/___/___ ___/___/___ **APL** **COMM VET**

PREVIOUSLY - SPAYED / NEUTERED *ALTERED* **KENTOWN** **BARTELS**

WEIGHT

___lbs___oz ___lbs___oz ___lbs___oz ___lbs___oz

___/___/___**DATE** ___/___/___**DATE** ___/___/___**DATE** ___/___/___**DATE**