

Standard Shelter Pet Health Summary



Presented by: CATalyst Council's Task Force* on Standardization of Shelter Pet Health Records



Date of Report (mm/dd/yyyy): ____ / ____ / ____

Shelter Name: _____

Animal ID (unique identifier within shelter): _____

Animal Name: _____



Animal Signalment

Age: _____

Gender: M F MN FS

Species: Cat Dog Other: _____

Breed: _____

Color: _____

Coat Pattern: _____

Geographic Origin (Local, In-state, State, International):

Animal Identification

Microchip #: _____

Ear Tip: Yes No

Tattoo Information: None Description:

Behavior Note/Handler Alert

Vaccination

Rabies (Date of latest vaccination): ____ / ____ / ____

Feline Panleukopenia Combo (Dates of any/all recorded):

Canine Distemper/Parvo Combo (Dates of any/all recorded):

Bordetella (Dates of any/all recorded):

SubQ Intranasal Oral

Canine Influenza (Dates of any/all recorded):

Any Other Vaccination (Type of vaccination and date):

Routine Screening

HW Antigen:

Pos Neg Date: ____ / ____ / ____ Not Done

HW Antibody (Ab):

Pos Neg Date: ____ / ____ / ____ Not Done

HW Filaria:

Pos Neg Date: ____ / ____ / ____ Not Done

FeLV:

Pos Neg Date: ____ / ____ / ____ Not Done

FIV:

Pos Neg Date: ____ / ____ / ____ Not Done

Fecal Analysis:

Pos Neg Date: ____ / ____ / ____ Not Done

Other:

