



ANIMAL SHELTER MEDICAL INTAKE CHECKSHEET

Animal identification #:		Animal Name:	
Date:		Time of intake:	
Stray:	<input type="checkbox"/>	Medical Records?	Your Name:
Owner Surrender:	<input type="checkbox"/>		
Transfer:	<input type="checkbox"/>		
Court Order:	<input type="checkbox"/>		
Other:	<input type="checkbox"/>		
		YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>

BRIEF INTAKE EXAMINATION

Staff Initials:

1. Initiate written and computer examination records
2. Take photo of animal for record
3. Document animal's signalment (species, sex, breed, identifying features)
4. Check for identification
 - Microchip scan
 - Ear tip
 - Tattoo check
 - Collar
 - Tag information: _____
5. Write animal's shelter identification number in permanent marker on paper collar and place on animal
6. Weigh animal and record weight
7. Take temperature, pulse and respiration and record ("TPR")
8. Perform a head to toe full body physical exam and record information

EMERGENCY SIGNS

If any box below has been checked, staff member must directly notify the shelter veterinarian. Initial here and indicate the time at which veterinarian was contacted.

Initials: _____ Time: _____

	Check only if noted		Check only if noted
Temp > 105F		Female trouble delivering	
Temp <97F		Altered consciousness	
Seizures		Swollen abdomen	
Labored breathing		Major wound	
Abnormal gum color		Unable to urinate	
Hit by car		Severe emaciation	
Bleeding or bruising		Severe dehydration	
Broken bone/lameness		Possible abuse	



INFECTIOUS DISEASE SIGNS

If any box below has been checked, staff member must write animal ID# on shelter veterinarian's exam board. Record your initials and time that this has been done.

Initials: _____ Time: _____

	Check only if noted
Eye or nose discharge	
Cough or sneeze	
Conjunctivitis	
Ulcers in mouth/nose	
Enlarged lymph nodes	
Patchy or circular hair loss	
Vomiting	
Diarrhea	

PREVENTIVE CARE

Staff Initials:

1. Vaccines administered per shelter vaccination protocol
2. Oral dewormer administered per shelter parasite protocol
3. Topspot flea and tick product applied per shelter parasite protocol

HOUSING CHOICE

	Check where animal is housed
Healthy hold	
Adoption	
Quarantine	
Isolation	

NOTES: _____

~WASH HAND WITH SOAP AND WATER~