



## Vet Record Form

# Sheltie Rescue of Georgia, Inc.

Dog's Name:		Dog's Number:		Date in to SRG:	
Age or Estimate:		Whelp Date (if known):		Sex: <input type="checkbox"/> F <input type="checkbox"/> M	Weight:
Color: .. Bi Black .. Bi Blue .. Tri Color		.. Blue Merle .. Sable and White (shaded) .. Sable and White (non-shade) .. Sable Merle		.. Color Headed White .. Double Merle White .. Sheltie/Mix .. Other/Mix	
				Weight Status: .. Just Right .. Needs to Lose .. Needs To Gain .. Still Growing	
Procedure	Date	Result		Treatment	
Heartworm Test		<input type="checkbox"/> Positive <input type="checkbox"/> Negative		Date:	
				Vet:	
Fecal Float		<input type="checkbox"/> Positive <input type="checkbox"/> Negative		Date & Med:	
				Type if Positive:	
Dental	<input type="checkbox"/> Not Needed <input type="checkbox"/> Needed		Date:		
			Vet:		
Spay/Neuter	Date:		<input type="checkbox"/> Altered at Intake <input type="checkbox"/> Proof to Shelter (Needed) <input type="checkbox"/> Proof to Shelter (Sent)		
	Vet:				
Vaccinations (DHPPC)	Date:	Stickers from Vial:			
	Initials:				
Bordatella		Sticker from Vial:			
Rabies	Date:			Vet:	
Frontline					
Interceptor					
Capstar					
Bath/Groom					
Microchip	Date:	Implanter:		Sticker:	
Bloodwork	Date:	Vet:		Type and Result:	