Floyd County Humane Society Vaccination-Medical Record

CANINE

Foster Dog's Name	Date of Intake	Renamed by Adopter

Breed	Description	Age at Intake	Sex	Weight @ Intake

Spayed/Neutered?_____(Yes or No) *If No, scheduled/performed date _____

4 Way Diagnostic Test: Heartworm + Lyme + Ehrlichia + Anaplasma +

Treatment:

_____

Dewormer: Administer Panacur (2.3 mL per 10 lbs) at intake then repeat 2 weeks later.

1st Dose:	2nd Dose:	3rd Dose:

Repeat Panacur in 2 Weeks:

1st Dose:	2nd Dose:	3rd Dose:

Heartworm Preventative:

Type and Date Given:	Type and Date Given:	Type and Date Given:
Type and Date Given:	Type and Date Given:	Type and Date Given:

Flea/Tick Preventative:

Type and Date Given:	Type and Date Given:	Type and Date Given:
Type and Date Given:	Type and Date Given:	Type and Date Given:

Notes:

_____

_____

_____

Medications:	Weights:
_____	_____
_____	_____
_____	_____