Treatment Sheet

Shelter ID # D 5026 Ddx bloody diarrhea

1. Panacur 9CC 5D x 3 day
2. 1/1 LD canned
3.
4.

Date		1	2	3	4	
11/13/11	AM					
	PM					
11/14	AM					
	PM					
11/15	AM					
	PM					
	AM					
	PM					
	AM					
	PM					
	AM					
	PM					
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	AM					
	PM					
	AM					
	PM					
	AM					
	PM					
	AM					

11/15 Did not eat meds last night will try w/ cat L Hem

(61)

Treatment Sheet

Shelter ID # D 5026 Ddx injuries to R leg

1. Cephalexin 500 mg 1 BID x 10-14 days
2.
3.
4.

Date		1	2	3	4	
11/5/11	AM	[illegible]				
	PM	[illegible]				
11/8	AM	[illegible]				
	PM					
11/9	AM	[illegible]				
	PM	[illegible]				
11/15	AM	Hom				
	PM					
11/16	AM	[illegible]				
	PM	[illegible]				
11/17	AM	[illegible]				
	PM	Hom				
	AM					
	PM					
	AM					
	PM					
	AM					
	PM					
	AM					
	PM					
	AM					
	PM					
	AM					
	PM					

A NOT TAKING meds! cvm

11/15 Did not eat meds last night will try w/ cat food Hom

11/17/11 could not pill in AM will leave meat ball in PM

SHELTER MEDICAL RECORD

MICROCHIP #_____ SHELTER ID # D506

SPECIES: Canine Feline Other_____ SEX: Male Female Spayed/Neutered

BREED_____ COLORS/MARKINGS_____

Est. Age: _____ Weight:_____ / Date: _____ Temp: _____

11/12/11 bloody diarrhea

HEALTH CARE GIVEN

Heartworm Test_____Neg/Pos FeLv/Fiv Test_____ Neg/Pos Parvo Test_____ Neg/Pos

Giardia_____Neg/Pos Fecal Float/direct 11/12/11 NPS - Rnd / Hooks / Whips / Tapes / Coccidia

Dewormer: PP / Panacur / Marquis / HWP_____Flea Control_____

Booster Dates:_____ _____ _____ _____

VACCINES

(Label/Location/Dates)

HEALTH CHECK

11/12/11

By_____ Date: _____

Eyes	N/A	Neuro	N/A	Lungs	N/A	Rx Cephalexin 500 mg 1 BID white pill
Ears	N/A	GI	N/A	M/S	N/A	
Oral	N/A	Skin	N/A	UG	N/A	Notes: diarrhea Panacur 9 ml PO X 3 days
Heart	N/A	Ln	N/A			

SURGICAL SUMMARY

Pre Meds: Torb: _____ Bupren: _____ Morphine: _____ Metacam: _____

Induction: Telazol: _____ Metatomidine: _____ BDK: _____ IT Block: _____

Anesthesia: ISO/02: _____ Mask / E-Tube Post Op. Pain: Torb:_____Bupren:_____

Procedure: OVH / In Heat / Pregnant Castration / Prescrotal / Scrotal / self-tied

Dew claws / Umb. Hernia / Ret. Decid. Ext / Other_____

Date:_____

Closure:_____ 0 / 1 / 2/0 / 3/0 / 4/0 Staples / Glue / Tattoo

Surgeon:_____ Assistant:_____

Notes / Observations: 11/12/11 injuries to face - diarrhea

11/14/11 - NOT eating - NOT taking meds

I will not try to "pill" this dog (see front)

Revised on 12/05/2008 - AMN 11/15/11 appears to have eaten a small amount of diarrhea canfood Hasson