Case #_____

Shelter Treatment Sheet

Animal ID (Shelter assigned):		Species:
Sex: M☐ F☐ MC☐ FS☐ MU☐ FU☐ U☐	Age: juvenile (<6 mo)☐ adult☐	Coat color:
Weight (lbs):	Special handling instructions:	
Medical Problems:		
Attending Veterinarian (print last name):		
Recheck Veterinary exam requested on date:		

Treatments

Parenteral Medications Start: End:	Type:	Dose:	Amount (mL):	Frequency:	Route:
Start: End:	Type:	Dose:	Amount (mL):	Frequency:	Route:
Oral Medications Start: End:	Type:	Dose:	Amount:	Frequency:	With Food Yes ☐ No☐
Start: End:	Type:	Dose:	Amount:	Frequency:	With Food Yes ☐ No☐
Topical Medications Start: End:	Type:	Dose:	Amount:	Frequency:	Site:
Start: End:	Type:	Dose:	Amount:	Frequency:	Site:
Bandage Change Start: End:	Type:		Site:		Frequency:
Other Start: End:					

Reweigh: Q12hrs☐ Q24hrs☐ Q48hrs☐ twice weekly☐ once weekly☐ once every two weeks☐ other:

Treatment Administrations (enter treatment from list above and print initials when given)

Date:														
Time:	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**
Treatments:														

Notes: