

NORTHERN CALIFORNIA BORDER COLLIE RESCUE & ADOPTIONS
DOG MEDICAL & INFORMATION SHEET

NAME: _____ AGE: _____ COLOR: _____ SEX: Male Female

RESCUE ID TAG# _____ MICROCHIP ID# _____

SPAYED NEUTERED: Yes No (if < 6 months) Date: _____ CERTIFICATE INCL: Yes No

RABIES VACCINATION: 1 yr Initial 3 yr Booster Date: _____ EXPIRY DATE _____

COMBO VACCINATIONS (Adult dogs): DHPPv DHLPPv Other _____ Date: _____

Puppy 1st Round: DHPPv DHLPPv Other _____ Date: _____

Puppy 2nd Round: DHPPv DHLPPv Other _____ Date: _____

Puppy 3rd Round: DHPPv DHLPPv Other _____ Date: _____

BORDETELLA VACCINATION: No Yes Date: _____

Note: The vaccinations listed above are not inclusive of all types available. They are core vaccinations routinely provided to dogs by rescue organizations. Please consult your veterinarian for any additional vaccinations and the frequency in which your vet recommends vaccinations be administered.

HEARTWORM TEST (Initial): Yes - Negative Yes – Positive Date: _____

HW TREATMENT (if positive): N/A _____

HW RE-TEST (post treatment): N/A Yes - Negative Date: _____

CURRENTLY ON HW PREVENTIVE? Yes Brand _____ Next Due _____

FECAL TEST: Yes-Positive Date(s): _____ Yes - Negative Date: _____

Parasite(s) Detected (if positive) _____

Dewormer / Medications(s): _____

FLEA TREATMENTS: No Yes Date: _____ Type: _____

MEDICATIONS RECEIVED IN RESCUE OR CURRENTLY BEING RECEIVED - Specify prescription(s) with dosage and protocol. Indicate if protocol is complete or number of days remaining:

OTHER MEDICAL None or Summary (also see documentation in adoption folder where available):

NORTHERN CALIFORNIA BORDER COLLIE RESCUE & ADOPTIONS
DOG MEDICAL & INFORMATION SHEET

FEEDING ROUTINE AT RESCUE _____

CRATE TRAINING: VEHICLE TRANSPORT? Yes No SLEEPING AT NIGHT? Yes No

HOUSEBROKEN: Yes No Partially GIVES SIGNAL TO GO OUT? No Yes _____
