PAWS CHICAGO
PETS ARE WORTH SAVING

3516 W. 26TH Street · Chicago, Illinois 60623 · Phone: 773.521.1408 · Fax: 773.521.1142

Date of Arrival: _____ **Patient's Name:** _____ **ID#** _____

Source: _____ **Sex: M F MN FS** _____ **Weight:** _____ lb _____ oz

Breed: _____ **Age:** _____ **Description:** _____

Additional Notes: _____
Date Completed:

DA2PP sticker | DA2PPL sticker | Bordetella sticker | Rabies sticker

_____ (date): DA2PP_____ DA2PPL_____ Bordetella_____ Strongid_____ (# mL) Praziquantel _____ (# mL) Revolution:_____ (color)

_____ (date): Exam_____ Rabies _____ Heartworm Test_____ Microchip #: _____ (chipped by: _____)

Attitude: _____ BCS: 1 2 3 4 5 Temperature: _____° Performed by: _____DVM

Physical Exam	**Normal**	**Abnormal**
Hydration:	____ no dehydration	
Musculoskeletal/ Neuro:	____ not lame	
Eyes:	____ No discharge or squinting	
Ears:	____ No discharge or inflammation	
Nose:	____ No discharge or ulceration	
Mouth:	____ Slt/no tartar, no retained/fx Gums pink/ no pain/ ulcers	
Skin:	____ No alopecia/ crusts/pyoderma	
Trachea:	____ No cough on tracheal stim	
Thorax:	____ No murmur/ lungs clear	
Abdomen:	____ No masses/pain	
Urogenital:	____ Intact	○ spay/neuter scar?

Additional Notes:

Prescriptions:

○ Doxycycline 50mg/mL: _____mL by mouth every _____ hrs x _____days
○ Doxycycline 100mg: _____tabs by mouth every _____ hrs x _____days
○ _____: _____

APPROVED (circle): Surgery/ Adoption/ Foster/ Isolate/ Other _____

Recheck (date or days until): _____

PAWS 26th Location: ISOK ISOH ABB MK PR CL

DOG

ACC#:_____