

Cat Health Data Sheet

Shelter Buddy #: _____ Shelter Arrival Date: _____

Animal's Name: _____ Breed: _____

Colour: _____ Sex: M M/N F F/S Age: _____ Approx.

Microchip Scans (Date + Initial): 1st, _____ 2nd, _____ 3rd, _____

| | | | | | | |
|---------|--|--|--|--|--|--|
| Date: | | | | | | |
| Weight: | | | | | | |

Vaccines: - Please include sticker, date, initial and location (ie. SQ RF)

| | | |
|--------------------------------------|--------------------------------------|--------------------------------------|
| FVRCP Vaccine | 1st Re-vaccination | 2nd Re-vaccination |
| | | |
| 3rd Re-vaccination | 4th Re-vaccination | Rabies Vaccine |
| | | |

| | | | | | | |
|-------------------|------------------|--------------|--------------|--------------|--------------|--------------|
| Deworming: | Dose (ml) | Date: | Date: | Date: | Date: | Date: |
| Strongid®T | | | | | | |
| Marquis Paste® | | | | | | |

| | | | |
|-------------------------|--------------------------|--------------------------|--------------------------|
| Revolution® Dose | Application date: | Application date: | Application date: |
| | | | |

Feline Checklist: (ALL must be completed prior to adoption- please check when each is done)

- Vaccines
 Strongid®T
 Marquis Paste®
 Revolution®
 Spay/Neuter
 3 Microchip Scannings

Feline Behaviour Assessment:

MYM Feline-ality™ Results: _____