NVADG Small Animal Care Schedule

Stray ☐

(Form to remain with animal!) (Return **Care Schedule** with clipboard to Intake when animal is released.)

OWNER	Last Name:	First Name:

Description of animal

	Name	Species	Breed	Color/Markings	Stray ☐ Yes	Gender	ID (collar/tag/etc.) DESCRIBE
					Micro Chip ☐ Yes ☐ No	☐ Male ☐ Female ☐ Spay/Neuter ☐ Intact	

List medical problems, necessary medications, or dietary needs? **Include time & method normally administered and any other details.**

List behavioral characteristics of which we should be advised.

SPECIAL INSTRUCTIONS: **Under Vet Care** ☐ **Dog: Neck Tag** ☐ **Picture** ☐

RECORD (Use the current time to record Walked, Fed and Cage Cleaned)

AR #	Date	Time	Walked	Fed	Cage Cleaned	Comments

Revised 5/29/2019

ANIMAL ID NUMBER _____

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