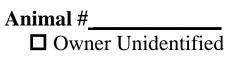


NVADG Large Animal Care Schedule

Intake Date _____

□ Owner Unidentified

OWNER LAST NAME:									FIRST NAME:		
Description of Animal											
	Name		Species		Breed		Color/markings		Gender	ID (halter/collar/etc.) DESCRIBE	
List medical probler			ns. necessary medica		ions or dietary need		? Include time & met		□ Male □ Female □ Altered □ Intact thod normally admi	nistered and any	
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 Pictures YES (Form to remain with animal!) (Return Care Schedule with clipboard to Intake when animal is released.)											
AR #	Date	Time	Animal Status	Water Consume	Watered	Fed	Manure #	Stall Clean	Co	mments	





NVADG Large Animal Care Schedule

Intake Date ____

□ Owner Unidentified

AR #	Date	Time	Animal Status	Water Consumed	Watered	Fed	Manure #	Stall Cleaned	Comments

Page _____ of _____

