

TRANSFER	FROM:	TO:	DATE:
	<input type="radio"/> Oregon	<input type="radio"/> Petco Lake Oswego 333 S State St. Lake Oswego, OR 97034, (503) 635-5324 Manager.	
	<input type="radio"/> Washington	<input type="radio"/> Other _____	

CAT Identification

Name	M	F	
Est. Age	DOB		
Breed			
Coat	SH	MH	LH
Color			
Other descriptions			
I D Collar			
Litter mates			
Weight on intake	lbs	oz	
Microchip <small>Place the Microchip label here</small>			

INTAKE

Date
Origin <small>Colony & Community</small>
Person <small>Phone</small>
Foster

SOCIAL Assessment

<input type="radio"/> No kids	<input type="radio"/> Adoption ready
<input type="radio"/> No cats	<input type="radio"/> Needs social
<input type="radio"/> No dogs	
<input type="radio"/> UNK	
Special needs/Behavior issues	



Intake Chart

Beta test version: 06/17/24

FOSTER FAMILY

Please give **second dewormer** when due and note on chart.

If **second FVRCP** vaccine is due when in your care, please contact Jen Schwab at:
thegorgekittenproject@gmail.com

Set up a **clinic appointment** at cgcrcclinics@gmail.com when your kittens meet the following criteria:

- 1) **Weight** min of 2 lbs.
- 2) **Social** if you are socializing.
- 3) **Healthy** if on medication.

MEDICAL Check List

<input type="radio"/>	FELV Test	Date:	<input type="radio"/> FELV	+	-		Vet.	
			<input type="radio"/> FELV - FIV	+	-			
<input type="radio"/>	RABIES	Date:	SERIAL LOT	<small>First 3 letters</small>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<small>Signed Certificate Required</small> 4 lbs of weight or 4 months of age.	Vet.	
	<small>Vaccination</small>							
<input type="radio"/>	SURGERY	Date:	<input type="radio"/> SPAY					Vet.
			<input type="radio"/> NEUTER					
<input type="radio"/>	FVRCP	1st shot Date:	2nd shot (25 days after 1st) Date:	3rd shot (25 days after 2nd) Date:				Vet.
	<small>Vaccination</small>							

MEDICAL Records

<input type="radio"/>	Intake check	<small>(Kittens over 8 weeks)</small> Selamectin Date:	<small>* When fleas + see Deworming Protocol</small>	<small>* Normal / Thin / Dehydrated</small>			
			Fleas* <input type="radio"/> + <input type="radio"/> -	Ringworm <input type="radio"/> + <input type="radio"/> -	Body condition* N T D	Eyes OK	
			Earmites <input type="radio"/> + <input type="radio"/> -	Tapeworms <input type="radio"/> + <input type="radio"/> -	Wounds/Injuries Yes No	Gums OK	
						Heart OK	

<input type="radio"/>	Deworming	Pyrantel Other*	1st dose Date:	2nd dose (in 10 days) Date:	3rd dose Date:	Due > Reminder Dates:

* Deworming Protocol

OTHER ISSUES	Date	Symptom / Medication / Dosage / Duration / Vet

STAPLE
MICROCHIP
SPARE LABELS
HERE