Tiplings Medical Form

Cat Name:		**Description:**	
Date of Birth:		**Sex:** ☐ **Male**	☐ **Female**
Intake Location:			
Foster Name:		**Phone #:**	
Microchip:	Place Sticker Here		

Vaccinations/Procedures:

Type	Date	Given By	Given By	Given By	Given By
Distemper 1 (FVRCP)					
Distemper 2 (FVRCP)		Place Sticker Here	Place Sticker Here	Place Sticker Here	Place Sticker Here
Rabies					
Spay/Neuter					
FELV/FIV Test					
FELV/FIV Results: +/-					

Vet Visits:

Foster caregivers must obtain prior authorization for vet care from a Tiplings Board Member

Vet Visit Date	Reason	Treated by	Outcome

Treatment Plan Guidance:

- **Day 1:** Assess body condition, collect a fecal sample, and begin a 5-day course of dewormer (Panacur)[1]
- **Milestones:** Give Distemper 1 (FVRCP) at intake if the cat is at least 6 weeks old. Give Distemper 2 (FVRCP) 3 weeks later.[1]
- Rabies and spay/neuter: schedule when the cat reaches three pounds **and** 12 weeks of age.
- Fecal follow-up: Submit another fecal sample two weeks after last dose of dewormer med.
- Record any flea or ear mite treatments.
- Note weights once a week.

[1]See additional guidelines in the Foster Care Handbook.

Treatment Plan

Cat Name: _____Intake Date: _____ Intake Age: _____

Body Condition: _____

SUN	MON	TUE	WED	THU	FRI	SAT
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
Notes:						