



Heartland Sheltie Rescue Foster Home Vet Form

Name of Foster Dog: _____ Date of Visit: _____

Approximate age determined by Veterinarian or DOB: _____

- Body Condition:
 - Weight _____ Ideal weight _____ Body condition score _____
- Temperature: _____
- Heart/Lungs
 - Heart rate: _____ Murmur: _____ Arrhythmia: _____
 - Lungs/Breathing Sounds: _____
- Ears: _____
- Eyes: _____
- Gums and teeth: _____
- Coat/Skin condition: _____
- Lumps/Bumps/Growths: _____
- Signs of spay/neuter if unknown by foster parent: _____
- Joints
 - Signs of arthritis: _____ Other: _____
- Heartworm test: Prefer 4DX to check for tick borne diseases. Result: _____
- Nail trim if needed and complimentary
- Estimate for Senior Wellness Panel or Pre-Op panel or other other diagnostic testing deemed appropriate by Veterinarian _____
- In lieu of fecal exam, obtain cost of 2 doses of Drontal Plus. (One to be given now, one in 3 weeks. This may be mailed to foster home if more cost effective.) Or Veterinarian's preferred dewormer.
- Any other notes/concerns/observations/suggestions from Veterinary staff:

Follow up needed: _____

Exam performed by: _____ Date: _____

Clinic Information: _____

Foster Parent accompanying dog to visit: _____