

Summary of Recommendations – Small Animal

DATE OF VISIT		NAME OF OWNER & CONTACT INFO	
RECOMMENDATIONS FOR OWNER			
<p><input type="checkbox"/> That a private veterinarian of your choice examines all animals indicated for further evaluation, diagnostic testing, and treatment as indicated below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Physical Examination <input type="checkbox"/> Complete Blood Count (CBC) / Serum Chemistry <input type="checkbox"/> Heartworm Testing <input type="checkbox"/> Fecal Examination <input type="checkbox"/> Any additional diagnostic tests as indicated by that veterinarian <input type="checkbox"/> Specific treatment / procedures for: _____ <input type="checkbox"/> Formulation of an appropriate medical treatment program (provided in writing) <p>This examination and follow-up testing should take place as soon as possible, but given the severity animal(s) condition noted no later than: _____</p> <p><input type="checkbox"/> That modifications are made to the existing shelter or that alternate shelter is provided that is more appropriate for the animals present (see page two for details)</p> <p><input type="checkbox"/> Grooming procedures (including _____) are necessary at this time. Given the current condition, these procedures could reasonably be provided by (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> the animal's owner (only if knowledgeable about the procedure) <input type="checkbox"/> a professional groomer <input type="checkbox"/> a veterinarian / veterinary clinic staff <p><input type="checkbox"/> For your records please save receipts for all food, veterinary, and grooming procedures</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> <i>This agency will check on your progress and appreciates your continued cooperation.</i></p>			
DATE		SIGNATURE RECEIVED BY	
DATE		SIGNATURE PREPARED BY	

Case # _____

Summary of Recommendations (cont.)

DATE OF VISIT		NAME OF OWNER & CONTACT INFO	
RECOMMENDATIONS FOR OWNER			

Case # _____

