

TRANSFER	FROM:	TO:
	<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
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: 11/18/23

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

MEDICAL Records

<input type="radio"/> Intake check	<small>(Kittens over 8 weeks)</small> Selamectin Date:	<small>* When fleas + see Deworming Protocol</small> Fleas* + - Earmites + -	Ringworm + - Tapeworms + -	<small>* Normal / Thin / Dehydrated</small> Body condition* N T D Wounds/Injuries Yes No	Eyes OK Gums OK Heart OK
	<input type="radio"/> Deworming	Pyrantel Other*	1st dose Date:	2nd dose (in 10 days) Date:	3rd dose Date:

* Deworming Protocol

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

STAPLE
MICROCHIP
SPARE LABELS
HERE