**ANIMAL CENTRE DOG ASSESSMENT RECORD**

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| --- | --- | --- | --- | --- | --- |
| Name  **<<AnimalName>>** | No  **<<ShortShelterCode>>** | No Times Returned  **<<NoTimesReturned>>** | | | Microchip No.  **<<IdentichipNumber>>** |
| Most Recent Entry Date  **<<MostRecentEntry>>** | Age on 09/02/10  **<<Age>>** | | | Area from  **<<OriginalOwnerPostcode>>** | |
| Sex  **<<Sex>>** | Neutered?  **<<Neutered>> <<NeuteredDate>>** | | | Breed  **<<BreedName>>** | |
| Colour  **<<BaseColourName>>** | | | Distinguishing Features  **<<Markings>>** | | |
| Reason for entry  **<<ReasonForEntry>>** | | | | | |
| Public Comments  **<<AnimalComments>>** | | | Private Comments  **<<HiddenAnimalDetails>>** | | |

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| Vaccination Name | Date Required | Date Given | Wormed | Fleaed |
| **<<VaccinationName1>>** | **<<VaccinationRequired1>>** | **<<VaccinationGiven1>>** |  |  |
| **<<VaccinationName2>>** | **<<VaccinationRequired2>>** | **<<VaccinationGiven2>>** |  |  |
| **<<VaccinationName3>>** | **<<VaccinationRequired3>>** | **<<VaccinationGiven3>>** |  |  |
| **<<VaccinationName4>>** | **<<VaccinationRequired4>>** | **<<VaccinationGiven4>>** |  |  |
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**BEHAVIOUR ASSESSMENT**

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| Friendly |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Timid |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nervous |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Aggressive |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Submissive |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bold |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Unclean in bed |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Destructive |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Food Proud |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **DOG ASSESSMENT COMPLETED** |  |

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| Medication | Frequency | Date Started | Treatments |
| **<<MedicalName1>>** | **<<MedicalFrequency1>>** | **<<MedicalStartDate1>>** | **<<MedicalTreatmentsGiven1>> / <<MedicalTreatmentsRemaining1>>** |
| **<<MedicalName2>>** | **<<MedicalFrequency2>>** | **<<MedicalStartDate2>>** | **<<MedicalTreatmentsGiven2>> / <<MedicalTreatmentsRemaining2>>** |
| **<<MedicalName3>>** | **<<MedicalFrequency3>>** | **<<MedicalStartDate2>>** | **<<MedicalTreatmentsGiven3>> / <<MedicalTreatmentsRemaining3>>** |
| **<<MedicalName4>>** | **<<MedicalFrequency4>>** | **<<MedicalStartDate3>>** | **<<MedicalTreatmentsGiven4>> / <<MedicalTreatmentsRemaining4>>** |
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**ALL DOGS MUST BE KEPT A MINIMUM OF 7 DAYS**

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| **DOGS NAME**  **<<AnimalName>>** | **REF NO**  **<<ShortShelterCode>>** |

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| **7 DAY ASSESSMENT** |  |
| **READY FOR REHOMING YES/NO** |  |
| **COMMENTS** |  |
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| **SIGNATURE OF SUPERVISOR** | **DATE** |
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| **14 DAY ASSESSMENT** |  |
| **READY FOR REHOMING YES/NO** |  |
| **COMMENTS** |  |
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| **SIGNATURE OF SUPERVISOR** | **DATE** |

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| **MANAGERS REPORT** |  |
| **REHOME** |  |
| **OTHER** |  |
| **COMMENTS** |  |
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| **MANAGERS SIGNATURE** | **DATE** |

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| **Socialising** | **Comment** | **Sign** |
| **Dogs** |  |  |
| **Bitches** |  |  |
| **Puppies** |  |  |
| **Cats** |  |  |
|  |  |  |
| **Training** | **Comment** | **Sign** |
| **Heel** |  |  |
| **Sit** |  |  |
| **Down** |  |  |
| **Stay** |  |  |
| **Come** |  |  |
| **Leave** |  |  |
| **No** |  |  |

**<<AnimalName>> <<ShortShelterCode>>**

**ANIMAL CENTRE DOG VETERINARY RECORD**

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| Date & Vet | Comment | Sign |
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**ANIMAL CENTRE WEIGHT SHEET**

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| **<<MostRecentMonthEntry>>** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| Diarrhoea |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Blood in motions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Coughing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bleeding pads |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Vomit |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Walked |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bathed |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Groomed |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Vet visit |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Comment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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