

## TEMP HOME RECORD

Support Our Local Animal Shelter (SOLAS)

1204 North 28<sup>th</sup> Street

Council Bluffs, IA 51501

Phone: 402-968-0822

Email: [solas@cox.net](mailto:solas@cox.net)

FOSTER HOME: \_\_\_\_\_ DATE \_\_\_\_\_ FILE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONES - HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

BREED: Cat SEX: \_\_\_\_\_ COLOR: \_\_\_\_\_ NAME: \_\_\_\_\_

Approx Age or Date of Birth: \_\_\_\_\_

Date of Feluk/Fiv/Heartworm Test: \_\_\_\_\_

Rabies Tag # \_\_\_\_\_

Microchip \_\_\_\_\_

Rabies Expiration Date: \_\_\_\_\_

8 wks of age \_\_\_\_\_

Rabies Given at: \_\_\_\_\_

Shots*		Date	Worming		Date	Revolution Date	
1.	HCPCh	_____	1.	Nemix II	_____	1.	_____
2.	HCPCh	_____	2.	Drontal	_____	2.	_____
3.	_____	_____	3.	Drontal	_____	3.	_____
4.	_____	_____	4.	_____	_____	4.	_____

Conviena Shot(s) Clavamox

Nebulized

Capstar Date

Date of Spay/Neuter\*: \_\_\_\_\_

\*\*Shots & Spay/Neuter should be done to only healthy cats / kittens.

Misc Notes:

Shelter # \_\_\_\_\_