

# TEMP HOME RECORD

**Support Our Local Animal Shelter (S.O.L.A.S.)**  
**1204 North 28 Street**  
**Council Bluffs, IA 51501**  
**Phone: 402-968-0822    Email: [solas@cox.net](mailto:solas@cox.net)**

FOSTER HOME: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**Approx Age or Date of Birth:**

**Approx date w/b 8 wks**

Shots	Date
1 FVRCP	
2 FVRCP	
3	
4	

Worming	Date
1 Nemix II	
2 Drontal	
3 Drontal	
4	

Revolution Date
1
2
3
4

Conviena Shot (s)	Clavamox

Nebulized

Capstar	Date

**Date of Feluk/Fiv/Heartworm test:**

[illegible]

**Misc Notes:**

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