

## MEDICAL INCIDENT SHEET – FOSTER

Dog's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Online ID#: \_\_\_\_\_

Foster Name: \_\_\_\_\_ Number: \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_

Date: \_\_\_\_\_ Weight: \_\_\_\_\_ Temp: \_\_\_\_\_

Observed Issues: \_\_\_\_\_

When Did Symptoms Begin: \_\_\_\_\_

Is Your Dog Walking/Running Normally? \_\_\_\_\_

Any Change in Activity Level? \_\_\_\_\_

Has The Dog Been:

Eating Normally     Defecating Normally     Drinking Water

Has The Dog:

Chewed/Swallowed Foreign Object     Eaten People Food     Been to a Dog Park

Other Observations: \_\_\_\_\_

Reported to DD Rescue Rep Name: \_\_\_\_\_ Date: \_\_\_\_\_

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Vet Prognosis: \_\_\_\_\_

Meds Given: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Routine Care: \_\_\_\_\_

Follow Up: \_\_\_\_\_