



**Santa Fe Animal Shelter Spay/Neuter & Wellness Clinic**  
**2570-B Camino Entrada, Santa Fe, NM 87507 (505) 474-6422**

**ORIGINAL MEDICAL RECORD**

Date: \_\_\_\_\_

Client Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone : (\_\_\_\_) \_\_\_\_\_ Work Phone : (\_\_\_\_) \_\_\_\_\_

Animal Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Dog or Cat: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_ Altered: Yes \_\_\_ No \_\_\_

How Did You Hear About Our Clinic? \_\_\_\_\_

**FOR OFFICE USE ONLY**

Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ Wt: \_\_\_\_\_ Indoor ← Outdoor

**NOTES / FINDINGS**

DR. \_\_\_\_\_ Tech: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MICROCHIP # \_\_\_\_\_ SERIAL/LOT # \_\_\_\_\_

TEST: \_\_\_\_\_ TEST RESULTS: \_\_\_\_\_

Rabies Manufacture \_\_\_\_\_ Serial # \_\_\_\_\_ Expires \_\_\_\_\_

VACCINATIONS		TESTs		OTHER	
➡ Rabies		➡ FeLV / FIV		➡ Heartgard	
➡ Da2PPVC		➡ Heartworm		➡ Microchip	
➡ Bordetella				➡ Carrier	
➡ FVRCP-C				➡ Rx	
➡ FeLV				➡ Other	
➡ Office Visit					