

FERAL CAT FOCUS INC.

P.O. Box 404, East Aurora, NY 14052 - 1-888-902-9717 (toll free) - www.feralcatfocus

FERAL CAT COLONY MEDICAL RECORD LOG

Use this form to help identify & track individual cats in your colony and to chart progress of your Trap-Neuter-Vaccinate-Return effort.

Colony Address:

Name & Phone # of Caregiver/s:

	Name of Cat (if given)	Name of Cat (if given)	Name of Cat (if given)
Color General Description			
Male or Female			
Medical Concerns Before Spay/Neuter (include date noticed)			
Spay/Neuter (date and location)			
Age at Spay/Neuter Kitten-Young Adult-Adult-Elderly			
Ear Tip Done (Yes/No)			
Vaccinated for Rabies (date/where)			
Vaccinated for FVRCP (include date)			

	Name of Cat (if given)	Name of Cat (if given)	Name of Cat (if given)
FIV / FeLV (*) Positive/Negative/Not Tested (include date and status) (*) Feral Cat FOCUS does not support testing feral cats for FIV or FeLV	FIV =	FIV =	FIV =
	FELV =	FELV =	FELV =
Received Described Treatments (include date)			
Notes Regarding General Health (include date)			
Veterinary Exam (include date)			
Status <ul style="list-style-type: none"> • Released after Spay/Neuter • Fostered/Adopted • Euthanized • Other 	Status:	Status:	Status:
	Date:	Date:	Date:

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