

FOREVER HOME RESCUE NEW ENGLAND  
106 Adams Street  
Medfield, MA 02052  
508-359-4465  
[www.foreverhomerescue.org](http://www.foreverhomerescue.org)  
[foreverhomerescue@gmail.com](mailto:foreverhomerescue@gmail.com)

## MASSACHUSETTS HEALTH CERTIFICATE

Pet Name: *Waffodil (SOSARL)*

Species: Canine

Sex: *F*

Breed: *Chi / Aussie*

Color:

Age: *3*

Wks. Mos. Yrs.

Spay/Neutered:

This is to certify that on *1/9/17*, I examined the above animal and to the best of my knowledge find this animal to be free from symptom of infectious or contagious diseases including rabies.

*Annie Salynsky, DVM*  
Veterinarian

FOREVER HOME RESCUE NEW ENGLAND  
 106 Adams Street  
 Medfield, MA 02052  
 508-359-4465  
[www.foreverhomerescue.org](http://www.foreverhomerescue.org)  
[foreverhomerescue@gmail.com](mailto:foreverhomerescue@gmail.com)

### QUARANTINE MEDICAL RECORD

99000000 049887

Intake Date: 1/7/17

Microchip:

Name: Daffodil (SOSARL)

Gender: F Age: 3 Wks. Mos. (Yrs.) Weight: 20<sup>8</sup> pounds

Breed: Chi/Aussie mix Color: Brown/Tan/white

Day 1	Urine	Stool	Panacur	Flea Check
Arrival	✓	✓	✓	Neg
P.M.				
Day 2				
A.M.	✓	✓	✓	
P.M.	✓	✓		
Day 3				
A.M.	✓		✓	
P.M.				

Physical Exam Notes:

1/9/17

#### PHYSICAL EXAM CHECKLIST

1) GENERAL APPEARANCE <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	2) INTEGUMENTARY <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM	3) MUSCULOSKELETAL <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM
4) RESPIRATORY <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	5) DIGESTIVE <u>NE</u> <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	6) GENITOURINARY <u>NE</u> <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM
7) EARS <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	8) NEURAL SYSTEMS <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	9) LYMPH NODES <u>NE</u> <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM
10) EYES <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	11) CIRCULATORY <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	12) MUCOUS MEMBRANES <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM

T P R Wt

11 am  
 Aggressive, tried to bite. Unable to muzzle.

11:30 am Admin acepromazine 7.5 mg PO.

12:15 Minimal sedation. Still aggressive. Limited w/ protective gloves.

Thin haircoat on dorsum.

exam