mid-atlantic great dane rescue league, inc.

## **Vet Visit Form**

Submit expenses using the expense form at: http://www.magdrl.org/forms/expense\_income.pdf

Date:	Volunteer Name:		
Dane's Foster Home?	Yes 🗌 No 📋 🛛 If No, N	lame of Foster Parent	t:
Phone:Email Address:			
Vot Clinic:	Vot Pbc		
Vet Clinic:Vet Phone: Attending Vet:			
Foster Dog Information			
Dane Name:			
Sex: Male Female Spayed or Neutered? Yes No			
	Age:V		
		3. f. C. +−	—
Services Required for This Visit			
		111 8	1
Heartworm test	If negative, preventati	ive given on	Brand:
Rabies	Distemper	Bordatella (only if required for kenneling)	
Parvo	DHPP	🗌 Lepto	Fecal
Flea Check	Nails clipped (only if no	o charge)	Skin Scrape
Express Anal Glands	Teeth check	Other, please explain	
If other than routine, approval required for:			
🗌 Spay	Neuter	Teeth Clean	
Xrays of	Echocardiogram	Heartworm treatement ( of treatments) Type of HW treatment:	
Other, please explain			

## Information from Vet

Vet Observations on Health, Age, etc of Dane\_\_\_\_\_

Vet Recommendations

## MAGDRL Does NOT Cover

MAGDRL will not reimburse for the following vaccines:

- Corona Virus
- Lymes
- ProHeart 6
- Bordatella (only if required to kennel a dog)

All nonroutine procedures MUST be preapproved by the Coordinator or Foster Team Lead for your area. If the procedure is NOT preapproved, MAGDRL may not reimburse for the expense.

In an emergency, you should first try to contact either of these two people.