HOSPITAL CAGE CARD: INPATIENT CARE DAY 1

DATE:_____ **OWNER:**_____ **Ph #:**_____

NAME:_____ **AGE:**_____ **M / F / MN / FN** **WEIGHT:**_____

BREED:_____ **VACCINE STATUS: CURRENT / DUE**

BELONGINGS:_____

DIAGNOSIS / CLINICAL NOTES

DIET:
FEEDING GUIDELINES:

Fluid Type:			**Additives:**		
Time:	Rate:	Total Volume	Time:	Rate:	Total Volume

MEDICATION / PROCEDURE	**DOSE / ROUTE**	**INSTRUCTIONS**

Medication / Procedure	**8**	**9**	**10**	**11**	**12**	**1**	**2**	**3**	**4**	**5**	**6**	**7**
In-Patient Examination / TPR												
Owner Updated												
Food to be offered												
Food Eaten - %												
Water: Ad Lib												
Urine												
Faeces												

Billable Items

DESCRIPTION	**STAFF**	**EOC**	**DESCRIPTION**	**STAFF**	**EOC**
Hospital stay					
In patient examination					

OBSERVATIONS:

TIME	NOTES	STAFF