Medical Consult Addendum

I am fostering / adopting____________ (A#_______) from APA!, who has the following medical needs:

**Diagnosis or Suspect Diagnosis:**

**Neuro:**
- ■ Seizures
- ■ Paralysed / Paretic
- ■ Urinary / Fecal Incontinence

**Urinary:**
- ■ Idiopathic Cystitis
- ■ Bladder Stones
- ■ Chronic Kidney Disease

**Cardiac:**
- ■ Heart Murmur
- ■ Congenital Disease(PDA/PS/AS)
- ■ Heart Failure

**Respiratory:**
- ■ Asthma
- ■ Tracheal Collapse
- ■ Chronic Rhinitis
- ■ Brachycephalic

**GI:**
- ■ IBD
- ■ Megaesophagus
- ■ Chronic Diarrhea

**Endocrine:**
- ■ Hyperthyroidism
- ■ Diabetes
- ■ Cushings or Addisons

**Eyes:**
- ■ Cataracts
- ■ Eyelid Agenesis
- ■ Corneal Ulcer
- ■ Blind

**Teeth:**
- ■ Stomatitis
- ■ Dental Disease

**Skin/Ears:**
- ■ Allergies (fleas/food/environment)
- ■ Ear Infections
- ■ Wounds
- ■ Mast Cell Tumor
- ■ Unknown Mass
- ■ Immune Mediated (Pemphigus, other)

**Skeletal:**
- ■ Arthritis
- ■ Hip Dysplasia
- ■ Ligament Tear(CCL)
- ■ Luxating Patella
- ■ Fracture
- ■ Recent Orthopedic surgery
- ■ Dislocation

**Other:**

**Medications:** I will continue to administer the following meds per the APA! Vets’ instruction

- ■ Antibiotics
- ■ Pain Medications
- ■ Lifelong medications are needed

**Veterinary Recommendations:**

**Restrictions:**
- ■ Cage rest: no running, jumping, etc
- ■ Leash-walk only

**Diet:**
- ■ Other:________________

**Follow up:**
- ■ Private vet within 14 days
- ■ APA Clinic

**Prognosis:**
- ■ Lifelong medical management with private vet.

**Monitor/ Other - ____________________________

**If Fostering:** This animal is ■ AVAILABLE ■ NOT AVAILABLE for adoption at this time.

**If Adopting:** ■ Medical Pre-Adopt for:___________________________ until

■ NOT Medical Pre-adopt: Adopter will be responsible for all medical care

I acknowledge and agree that APA! has sole discretion over the medical care of my foster or medical pre-adopt animal, including any decisions regarding diagnostics and treatment. As a rule of thumb, APA! aims to provide the level of medical care that an animal lover of average means could reasonably provide.

I acknowledge and understand that this is all the medical information reasonably known or observed about this animal at this date in accordance with our protocols, which knowledge/observation
may be limited, especially for new intakes. Medical needs/diagnoses are fluid and subject to change at any time.

By signing below, I am acknowledging that I have been counseled on the above by APA! Staff and agree to all of the expectations that the APA! Medical Team has set forth.

APA! Representative _____________________________ Date _______________________________
Foster/Adopter Print Name ________________________ Signature ___________________________

**Additional Medications:**

**Additional Veterinary Recommendations:**