



DR # ____ DR Name ____ Shelter Name/Location ____

Date & Time	Name	Log Entry (Use additional lines as needed)	Follow-Up Action
			☐ Required ☐ Completed
			☐ Required ☐ Completed
			☐ Required ☐ Completed
			☐ Required ☐ Completed
			☐ Required ☐ Completed
			☐ Required ☐ Completed
			☐ Required ☐ Completed
			☐ Required ☐ Completed
			☐ Required ☐ Completed
			☐ Required ☐ Completed
			☐ Required ☐ Completed