



EXAMINATION

Owner _____

Pet's Name _____

Dr. _____ Date _____

A. Coat & Skin

- | | | |
|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Appear Normal | <input type="checkbox"/> Pigment | <input type="checkbox"/> Itchy |
| <input type="checkbox"/> Dry/Flit | <input type="checkbox"/> Lesion | <input type="checkbox"/> Matted |
| <input type="checkbox"/> Greasy | <input type="checkbox"/> Lumps | <input type="checkbox"/> Shedding |
| <input type="checkbox"/> Scaly | <input type="checkbox"/> Parasites | <input type="checkbox"/> Hair loss |

B. Eyes

- | | |
|--|---|
| <input type="checkbox"/> Appear Normal | <input type="checkbox"/> Cataract L ___ R ___ |
| <input type="checkbox"/> Discharge L ___ R ___ | <input type="checkbox"/> Dry eye L ___ R ___ |
| <input type="checkbox"/> Inflamed L ___ R ___ | <input type="checkbox"/> Ulcers/Lesions L ___ R ___ |
| <input type="checkbox"/> Infection L ___ R ___ | <input type="checkbox"/> Other _____ |

C. Ears

- | | |
|--|---|
| <input type="checkbox"/> Appear Normal | <input type="checkbox"/> Excessive debris L ___ R ___ |
| <input type="checkbox"/> Inflamed L ___ R ___ | <input type="checkbox"/> Excessive Hair |
| <input type="checkbox"/> Yeast Int.: L ___ R ___ | <input type="checkbox"/> Itchy |
| <input type="checkbox"/> Bacterial Int.: L ___ R ___ | <input type="checkbox"/> Miss |
| | <input type="checkbox"/> Other _____ |

D. Nose & Throat

- | | |
|--|---|
| <input type="checkbox"/> Appear Normal | <input type="checkbox"/> Inflamed Tonsils |
| <input type="checkbox"/> Nasal Discharge | <input type="checkbox"/> Enlarged Glands |
| <input type="checkbox"/> Inflamed Throat | <input type="checkbox"/> Other _____ |

E. Mouth, Teeth, Gums

- | | |
|---|---|
| <input type="checkbox"/> Appear Normal | <input type="checkbox"/> Gingivitis (Inflamed Gums) |
| <input type="checkbox"/> Broken Teeth | <input type="checkbox"/> Ulcers/Lesions |
| <input type="checkbox"/> Loose Teeth | <input type="checkbox"/> Pyorrhea (pus) |
| <input type="checkbox"/> Tartar ___major___moderate___minor | <input type="checkbox"/> Bleah |

F. Musculoskeletal

- | |
|---|
| <input type="checkbox"/> Appear Normal |
| <input type="checkbox"/> Lameness LF ___ RF ___ LR ___ RR ___ |
| <input type="checkbox"/> Pain on palpation |

G. Heart

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Sounds Normal | <input type="checkbox"/> Arrhythmia |
| <input type="checkbox"/> Murmur | <input type="checkbox"/> Other _____ |

Vaccinations

Canine	Given today or Due Date	Feline	Given today or Due Date
Corona/Panvo	<input type="checkbox"/> _____	FVMCP	<input type="checkbox"/> _____
Bordetella	<input type="checkbox"/> _____	FaDx	<input type="checkbox"/> _____
Lyme	<input type="checkbox"/> _____	FP	<input type="checkbox"/> _____
Dist/PPV	<input type="checkbox"/> _____	Rabies	<input type="checkbox"/> _____
Rabies	<input type="checkbox"/> _____	Other	<input type="checkbox"/> _____
Other	<input type="checkbox"/> _____		

H. Abdomen

- | | |
|--|---|
| <input type="checkbox"/> Appear Normal | <input type="checkbox"/> Abnormal Mass |
| <input type="checkbox"/> Enlarged Organs | <input type="checkbox"/> Tender/Painful |
| <input type="checkbox"/> Fluid | <input type="checkbox"/> Other _____ |

I. Lungs

- | | |
|---|---|
| <input type="checkbox"/> Sound Normal | <input type="checkbox"/> Breathing Difficulty |
| <input type="checkbox"/> Abnormal Sound | <input type="checkbox"/> Rapid Respiration |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Congestion | |

J. Gastrointestinal System

- | | |
|--|---|
| <input type="checkbox"/> Appear Normal | <input type="checkbox"/> Abnormal Feces |
| <input type="checkbox"/> Excessive Gas | <input type="checkbox"/> Parasites |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Anorexia | <input type="checkbox"/> Other _____ |

K. Urogenital System

- | | |
|---|--|
| <input type="checkbox"/> Appear Normal | <input type="checkbox"/> Recommend Neutering |
| <input type="checkbox"/> Abnormal Urination | <input type="checkbox"/> Mammary Tumors |
| <input type="checkbox"/> Genital Discharge | <input type="checkbox"/> Anal Sacs |
| <input type="checkbox"/> Abnormal Testicles | <input type="checkbox"/> Enlarged Prostate |

L. Weight _____ lbs.

- | | |
|--|---|
| <input type="checkbox"/> Normal Range | <input type="checkbox"/> Underweight _____ lbs. |
| <input type="checkbox"/> Overweight _____ lbs. | <input type="checkbox"/> Other _____ |

M. Diet

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Change Diet |
| <input type="checkbox"/> Good | <input type="checkbox"/> Vitamins Needed |
| Recommendations _____ | |

Dogs

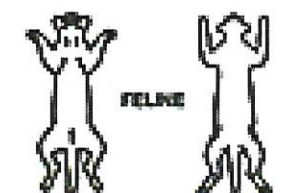
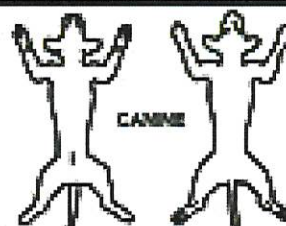
- Annual Heartworm Test:
- | |
|--------------------------------------|
| <input type="checkbox"/> Negative |
| <input type="checkbox"/> Positive |
| <input type="checkbox"/> Recommended |
- Heartworm Relief?
- | | | |
|------------------------------|--------------------------------|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Pills | <input type="checkbox"/> Injection |
| <input type="checkbox"/> No | | |

Cats

- Leukemia / AIDS Test:
- | |
|--------------------------------------|
| <input type="checkbox"/> Negative |
| <input type="checkbox"/> Positive |
| <input type="checkbox"/> Recommended |
- Heartworm Test:
- | |
|--------------------------------------|
| <input type="checkbox"/> Negative |
| <input type="checkbox"/> Positive |
| <input type="checkbox"/> Recommended |

Cats / Dogs

- Intestinal Parasite Test:
- | |
|--------------------------------------|
| <input type="checkbox"/> Negative |
| <input type="checkbox"/> Positive |
| <input type="checkbox"/> Recommended |
- Flea Control
- | |
|--------------------------------|
| <input type="checkbox"/> Flea |
| <input type="checkbox"/> House |
| <input type="checkbox"/> Yard |



Diagnosis / Explanation

(Letters below correspond to letters above)

Recommendations
