



**XYZ Animal Hospital**  
123 Anyroad  
Anytown, USA 12345

Client's name \_\_\_\_\_  
Spouse \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

Pet's name \_\_\_\_\_  
Species \_\_\_\_\_  
Breed \_\_\_\_\_  
Sex \_\_\_\_\_ Altered?  Yes  No  
Color \_\_\_\_\_ Weight \_\_\_\_\_  
Birth date \_\_\_\_\_  
 Indoor  Outdoor  Other: \_\_\_\_\_

Doctor: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

Annual vaccines: \_\_\_\_\_

**Physical exam checklist:**

- 1. General appearance  Normal  Abnormal  Not evaluated
- 2. Oral cavity/teeth  Normal  Abnormal  Not evaluated
- 3. Neurological  Normal  Abnormal  Not evaluated
- 4. Eyes  Normal  Abnormal  Not evaluated
- 5. Ears  Normal  Abnormal  Not evaluated
- 6. Heart  Normal  Abnormal  Not evaluated
- 7. Respiratory  Normal  Abnormal  Not evaluated
- 8. Abdomen  Normal  Abnormal  Not evaluated
- 9. Musculoskeletal  Normal  Abnormal  Not evaluated
- 10. Lymph nodes  Normal  Abnormal  Not evaluated
- 11. Genitourinary  Normal  Abnormal  Not evaluated
- 12. Integumentary  Normal  Abnormal  Not evaluated
- 13. Rectal exam  Normal  Abnormal  Not evaluated

	+	-
Fecal .....	<input type="radio"/>	<input type="radio"/>
Blood parasite exam		
<i>Ehrlichia</i> .....	<input type="radio"/>	<input type="radio"/>
Lyme .....	<input type="radio"/>	<input type="radio"/>
Heartworm .....	<input type="radio"/>	<input type="radio"/>
Feline leukemia .....	<input type="radio"/>	<input type="radio"/>
FIV .....	<input type="radio"/>	<input type="radio"/>

Temperature \_\_\_\_\_  
Pulse \_\_\_\_\_  
Respiration \_\_\_\_\_  
Weight \_\_\_\_\_  
Diet \_\_\_\_\_

Doctor's remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Vaccination reminders**

Due	Description

**Medication reminders**

Due	Description