

pet report card

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