

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