Small Animal Physical Examination Findings

Case Information:
Case ID #: ________________________
Case Animal #: ________________________
Owner (if known): ________________________
Exam Date: ________________________
Custody Date: ________________________
Environmental Conditions: ________________________
Time of Examination: ________________________

History (per owner): include vet, grooming, deworming, etc.

Assessment (brief):

Plan:

Diagnostic Testing Recommendations:

Vaccination: Rabies DA2PPv FVRCP

Permanently Identify: Microchip

Chip #: ________________________ Date: ________________________
External Injuries & Physical Examination Continuation

Animal Name (if known): ______________________________
Shelter Accession #: ________________________________
Case ID #: ________________________________
Case Animal #: ________________________________

Right View

Left View

Ventral View

Dorsal View

Face

_________________________________________________

_________________________________________________

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