

EXAMINATION CHECKLIST

Name

DOB

Weight

Ideal Weight

TPR

Heart rate (bpm)

Resp. rate (bpm)

Gum color

CRT (sec)

Temp. (°F)

Ocular Exam

Eyes

Pupils

Dazzle

Menace

Comfort

Gastrointestinal System

Appetite

Vomiting

Diarrhea

Abdomen

Skin

Right ear

Left ear

Coat

Feet

Lumps

Musculoskeletal Exam

Gait

Neck

Spine

Tail

Right Fore

Left Fore

Right Hind

CP

Left Hind

CP