Canine Veterinary Exam

Name of Canine _____

Age _____ **Date** _____

Skin Appearance
☐ Normal ☐ Pigmentation ☐ Itchy
☐ Dry ☐ Lesions ☐ Redness
☐ Greasy ☐ Lumps
☐ Scaley ☐ Parasites
☐ Other _____

Coat Appearance
☐ Normal ☐ Matted
☐ Dull ☐ Shedding
☐ Greasy ☐ Hair Loss
☐ Other _____

Eyes
☐ Normal Appearance ☐ Cataract: L ___ R ___
☐ Discharge: L ___ R ___ ☐ Dry Eye: L ___ R ___
☐ Inflammation: L ___ R ___ ☐ Ulcers/Lesions: L ___ R ___
☐ Infection: L ___ R ___
☐ Other _____

Ears
☐ Normal Appearance ☐ Excessive Debris: L ___ R ___
☐ Inflammation: L ___ R ___ ☐ Excessive Hair
☐ Yeast Inf.: L ___ R ___ ☐ Itchy
☐ Bacterial Inf.: L ___ R ___ ☐ Mites
☐ Other _____

Nose & Throat
☐ Normal Appearance ☐ Inflamed Tonsils
☐ Nasal Discharge ☐ Enlarged Glands
☐ Inflamed Throat
☐ Other _____

Mouth & Teeth
☐ Normal Appearance ☐ Gingivitis (Inflamed Gums)
☐ Broken Teeth ☐ Ulcers/Lesions
☐ Loose Teeth ☐ Pyorrhea (Pus)
☐ Tartar: Major ___ Moderate ___ Minor ___

Musculoskeletal
☐ Normal Appearance
☐ Lameness: LF ___ RF ___ LR ___ RR ___
☐ Pain on Palpation
☐ Other _____

Heart
☐ Normal Sound ☐ Arrhythmia
☐ Murmur
☐ Other _____

Abdomen
☐ Normal Appearance ☐ Abdominal Mass
☐ Enlarged Organs ☐ Fluid
☐ Fluid
☐ Other _____

Lungs
☐ Normal Sound ☐ Breathing Difficulty
☐ Abnormal Sound ☐ Rapid Respiration
☐ Coughing
☐ Congestion
☐ Other _____

Gastrointestinal System
☐ Normal Appearance ☐ Abnormal Feces
☐ Excessive Gas ☐ Parasites
☐ Vomiting ☐ Diarrhea
☐ Anorexia
☐ Other _____

Urogenital System
☐ Normal Appearance ☐ Recommend Neutering
☐ Abnormal Urination ☐ Mammary Tumors
☐ Genital Discharge ☐ Anal Sacs
☐ Abnormal Testicles ☐ Enlarged Prostate
☐ Other _____

Weight _____ lbs.
☐ Normal Range
☐ Overweight _____ lbs.
☐ Underweight _____ lbs.
☐ Other _____

Intestinal Parasite Test
☐ Negative Date _____
☐ Positive Date _____
☐ Recommended Date _____

Diet
☐ Excellent ☐ Change Diet
☐ Good ☐ Vitamins Needed
☐ Recommendations _____

Hernia Present? Yes/No
☐ Umbilical
☐ Inguinal
☐ Diaphragmatic
☐ Hiatal
☐ Peritoneopericardial

Vaccinations -Given Today or Due Date
☐ Corona/Parvo Date _____
☐ Bordetella Date _____
☐ Lyme Date _____
☐ DHLP-P Date _____
☐ Rabies Date _____
☐ Other _____ Date _____

Annual Heart Worm Test
☐ Negative Date _____
☐ Positive Date _____
☐ Recommended Date _____

Heart Worm Refill
☐ Yes ☐ Pills ☐ Injection
☐ No

Intestinal Parasite Test
☐ Negative Date _____
☐ Positive Date _____
☐ Recommended Date _____

Flea Control
☐ Pet Date _____
☐ House Date _____
☐ Yard Date _____

Additonal Notes: _____

Veterinarian Name: _____

Contact Information: _____