

# MEDICAL EVALUATION/ CONDITION ASSESSMENT

Date: Case: Animal Name/ID#: Veterinarian:	Species, Breed, Coat Color, Coat Length, Coat Consistency (ie. Straight vs. Wavy vs. Curly)
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## Medical Evaluation

### History:

<b>Exam:</b>	<b>Temp(C)</b>	<b>Heart Rate</b>	<b>Resp</b>	<b>Weight</b>	<b>kg or lbs</b>
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**Behavior** - Assess strength, activity and interaction with people and animals

### Collar/Tags/Microchip

<b>Sensorium</b>	N	Abn	<b>Integ.</b>	N	Abn	<b>Ears</b>	N	Abn	<b>Heart</b>	N	Abn	<b>Musc Skel</b>	N	Abn
<b>Pain</b>	Yes	No	<b>L. nodes</b>	N	Abn	<b>Nose</b>	N	Abn	<b>Lungs</b>	N	Abn	<b>Neurol</b>	N	Abn
<b>Hydration</b>	N	Abn	<b>Eyes</b>	N	Abn	<b>Mouth</b>	N	Abn	<b>Abdomen</b>	N	Abn	<b>Urogen</b>	N	Abn

**Body Condition:** Emaciated (1) Underweight (2) Ideal (3) Overweight (4) Obese (5)

**Sex:** F FS M MN Male/Cryptorchid **Age estimate based on Physical Exam:**

*Record Abnormal findings below*

Attach skin/haircoat forms if appropriate

Documentation continued on second page

### Plan

<input type="checkbox"/> CBC.Chem	<input type="checkbox"/> UA	<input type="checkbox"/> Fecal	<input type="checkbox"/> Dog-Dag	<input type="checkbox"/> Cat-FelLV/FIV	<input type="checkbox"/> Microchip
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**Rabies** / / **DHPP** / / **B. bronchisep.** / / **FVRCP** / /

