

PET PHYSICAL FORM

EVALUATOR: _____

Date: _____ **Animal Name #:** _____ **Species:** _____

Description (breed, color, sex, age, double check ID):

1. Overall appearance: Bright, alert, responsive Other: _____

2. Initial behavior assessment: Social, friendly Other: _____

3. Hydration: No sign of dehydration: Other: _____

4. Musculoskeletal: Lameness or asymmetry? No Yes/other: _____

5. Skin: Fleas/ticks? No Yes: _____

Hair loss/itching? No Yes: _____

Masses or sores? Yes: _____

CRT _____ seconds

6. Heart and lungs: Heart murmur heard? No Yes: _____

Lungs clear? Yes No: _____

Heart Beat: BPM _____ Normal? Yes No

Breaths/Min: BM: _____ Normal? Yes No

7. Ears: Clean and free of inflammation or discharge: Other: _____

8. Eyes: Clear, no discharge, white sclera: Other: _____

9. Nose: Clear, no discharge: Other: _____

10. Mouth: Clean teeth Moderate dental disease Severe dental disease

Broken, missing or very worn teeth? _____

Gums: Pink and healthy Other: _____

Oral pain, ulcers or masses? _____

11. Lymph nodes: Within normal limits Could not feel Enlarged _____

12. Abdomen: Pain, masses, pregnancy felt on palpation? No Yes: _____

13. Urogenital: Double check sex/presence of both testicles/feel for spay scar:

No significant findings Comment: _____

14. Temp: _____ **Weight:** _____ **kgs/lbs (circle one)**

15. Age: _____ wks/ys Young adult Adult Older Known age: _____

Other significant findings: _____
