

Annual Veterinarian Physical Exam & Vaccination Record

Date _____

| Owner's Name | | _ Dog's Name | | Sex | Breed | Age | |
|---|-------------------|---------------|--------------------------------|------------------------------------|------------------|-------------|--|
| Weight Temp Spayed/Neutered Yes/No | | | Flea Control/Preventative Type | | | | |
| 1. Coat & Skin | | | 9. Abdor | nen | | | |
| Appears Normal | | ! tchy | Appea | ırs Normal | Fluid | Other | |
| O Dull | | Parasites | O Abnor | mal Mass | Tense/Painful | | |
| Scaly | Matted | Other | O Enlarg | ged Organs | | | |
| ODry | Tumors | | | | | | |
| 2. Eyes | _ | | 10. Lung | | | | |
| Appear Normal | Infection | Other | | ır Normal | Congestion | Rapid | |
| Discharge | Cataract: | | Abnor | mal Sound | Breathing | Respiration | |
| Inflamed | L / R | | Cough | Ocoughing Difficulty | | | |
| 3. Ears | | | 1000 | 11. Gastrointestinal System | | | |
| Appear Normal | Mites | Inflamed | | ırs Normal | Anorexia | Other | |
| Excessive Hair | O Tumor: | Other | Excess | sive Gas | Abnormal Feces | | |
| O Itchy | L / R | | O Vomit | O Vomiting Problems Parasites | | | |
| 4. Nose & Throat | | | | | 1 | | |
| O Appear Normal | O Tumor: | Discharge | O Appea | ırs Normal | Abnormal | Mammary | |
| Enlarged Lymph | L / R | Other | O Abnor | mal Urination | Testicles | Tumors | |
| Glands | O Inflamed Throat | | Enlarg | ged Prostrate | Genital Discharg | e 🔾 Other | |
| 5. Mouth, Teeth, Gums | | | | ht | | | |
| O Appear Normal | Tumors | Pyorrhea | O Norma | al Range | OThin | Other | |
| Broken Teeth | Inflamed Lips | Other | Heavy | , | | | |
| Tartar Buildup | Loose Teeth | | | | | | |
| 6. Legs & Paws | | | 14. Beha | | _ | | |
| O Appear Normal | Damaged | Other | O Norma | | Aggressive | Other | |
| Lameness | Ligaments | | O Abnor | mal | Shy | | |
| O Joint Problems | Nail Problems | | O Joint F | Problems | Nail Problems | | |
| 7. Cardiovascular 15. Lymphatic System | | | | | | | |
| O Appears Normal | Slow | Other | O Appea | Appears Normal Painful Lymph Nodes | | | |
| O Murmur | Fast | | Enlarg | Enlarged Lymph Nodes Other | | | |
| 8. Anal Sacs 16. Central Nervous System | | | | | | | |
| O Appears Normal | Excessively Full | Abscessed | O Appea | rs Normal | Seizures | Paralysis | |
| ○ Inflamed | L / R | L / R | O Abnor | mal Reflexes | Suspected | Behavioral | |
| L / R | Other | -, | O Ataxia | (stumbling) | Cognitive | Problems | |
| - , | | | O Depre | ssion | Dysfunction | Other | |
| | | | | | | | |
| Health Tests | / - | _ | | | / - | | |
| Heartworm (date) | | | | | | | |
| Vaccinations - Certificates or receipts of vaccinations/tests may be attached. Titer not accepted on Rabies Vaccine | | | | | | | |
| Rabies: 1 yr. or 3 yr (date) DAPP or DHPP (date) Bordetella (date) | | | | | | | |
| Leptospirosis (date) Canine Influenza recommended, but not required (date) | | | | | | | |
| Comments | | | | | | | |
| Veterinarian Signature | | | | License # | | | |
| Vet Phone # | | Address | | | | | |

Veterinarian Evaluation Form:

Your veterinarian may fill this out for you without having to see the dog again, provided you have been in for an exam within the last 12 months. Others will require an appointment. Please, contact your vet right away to be sure you can get your form completed.

We require:

An annual Exam

Fecal Float (even if the dog is on preventative).

Vaccines: Rabies, DHPP, Lepto, and Bordatella.

If there is a medical reason your dog cannot have all the vaccines, please, have your vet make a note about that on the form. We do accept titers for vaccines, except Rabies. DHPP can be given every 3 years; Lepto and Bordatella must be given annually. Rabies is usually every three years, but it depends on the license for the product given and if the booster is given prior to the last shot expiring.