

Intake Number: _____

Deployment: _____

Location: _____

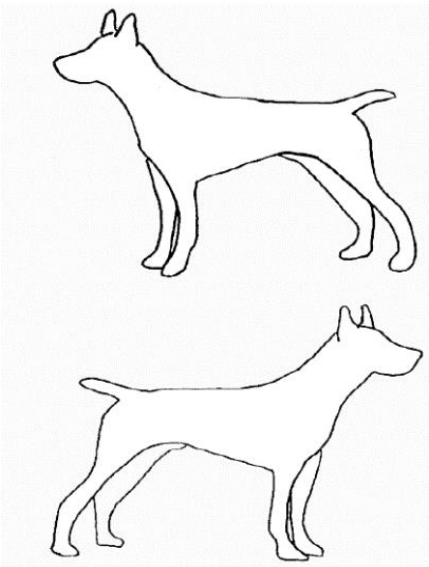
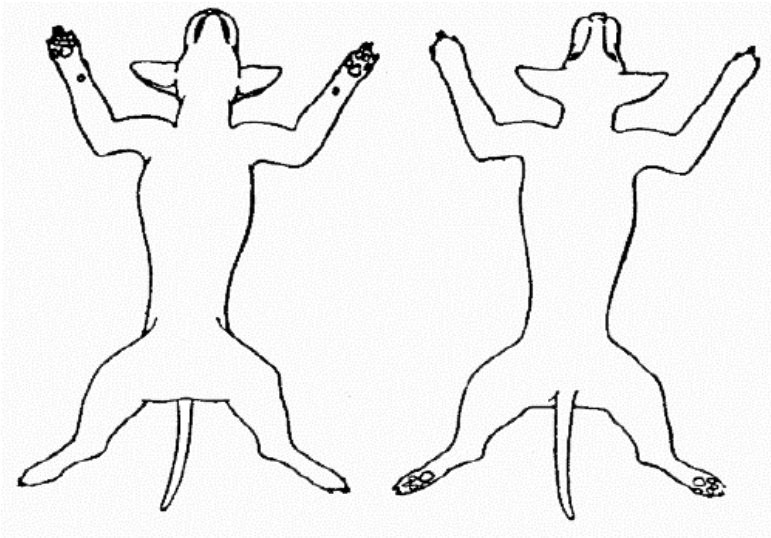
IN-FIELD EXAM

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: _____ Clinician(s): _____ Initials: _____

Breed: _____ Color: _____ Neuter: Y / N (circle) Gender: M / F (circle)

Age / Birth: _____ est./Act. (circle) Ear Tag#: _____ Brand/Tattoo: _____



IN-FIELD EXAM:

Body Condition Score				
<input type="checkbox"/> Emaciated (1)	<input type="checkbox"/> Very Thin (2)	<input type="checkbox"/> Thin (3)	<input type="checkbox"/> Underweight (4)	<input type="checkbox"/> Ideal (5)
<input type="checkbox"/> Overweight (6)	<input type="checkbox"/> Heavy (7)	<input type="checkbox"/> Obese (8)	<input type="checkbox"/> Grossly Obese (9)	

MEDICAL FINDINGS:

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