Intake Number: _____

Deployment: _____

Location: _____

VETERINARY INTAKE EXAM

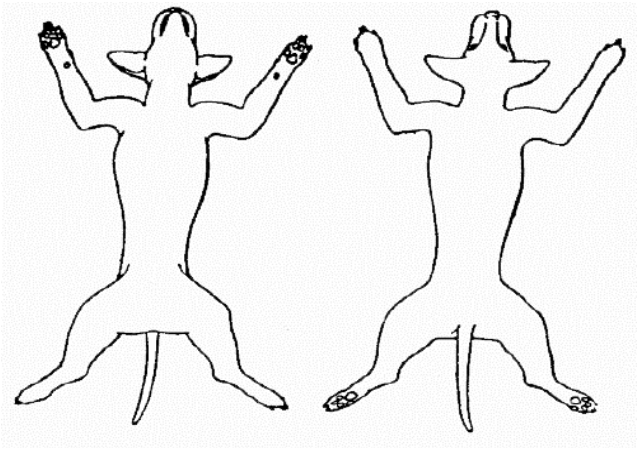
ANIMAL PATIENT MEDICAL RECORD - DOG

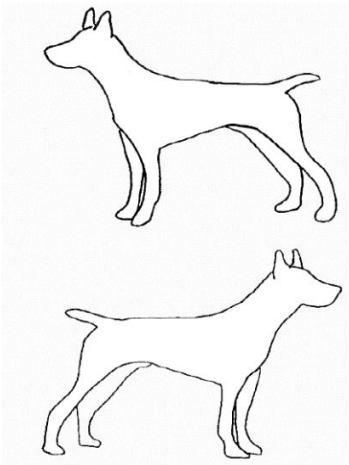
Intake Exam Date: _____ Clinician(s): _____ Initials: _____

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

Age / Birth: _____ est./Act. (circle) Current Weight: _____ kg/lb. (circle) est./act. (circle)

Ear Tag#:_____ Brand/Tattoo:_____ Already Chipped? Y/N Microchip:_____





EXAM

T	**Ears** ☐ NSF ☐ F	**Eyes** ☐ NSF ☐ F	**Nose** ☐ NSF ☐ F	**Mouth** ☐ NSF ☐ F
P	**Abdomen** ☐ NSF ☐ F	**Heart** ☐ NSF ☐ F	**Lungs** ☐ NSF ☐ F	**Hydration** ☐ NSF ☐ F
R	**MuscSkel** ☐ NSF ☐ F	**Neurol.** ☐ NSF ☐ F	**Dental Grade**: NSF 1 2 3 4	
Body Condition: Emaciated **(1)** Very Thin **(2)** Thin **(3)** Underweight **(4)** Ideal **(5)** Overweight **(6)** Heavy **(7)** Obese **(8)** Grossly Obese **(9)**				

Medical Findings:

Assessment/Plan:

Vaccinations:

☐ No Vaccination due to Age ☐ No Vaccination due to Medical

☐ **CBC/Chem** ☐ **UA** ☐ **Fecal** ☐ **4DX:** ☐ **Neg.** ☐ **Pos.**	**Rabies:** ☐ **1 Year** ☐ **3 Year** Date: _____	(Label)
Dewormer: _____ Dosage: _____Date:_____	**Distemper:** ☐ **DHPP** ☐ **DHLPP** Date: _____	(Label)
Ext.Parasite: ☐ Frontline ☐ Revolution Date:_____	**Bordatella:** Date:_____	(Label)