

SAMPLE: COMPANION ANIMAL PHYSICAL EXAMINATION RECORD

Client Name/ID #	Animal ID #	Date	Time
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SPECIAL NOTES:

PRESENTING COMPLAINT:

Notes:
Frequency and Duration:
Previous treatment for problem:
Response to treatment:

SUBJECTIVE FINDINGS - HISTORY:

<i>Appetite:</i> Nrm ___ Abn ___ N/A ___	<i>Drinking:</i> Nrm ___ Abn ___ N/A ___	<i>Coughing:</i> Nrm ___ Abn ___ N/A ___	<i>Sneezing</i> Nrm ___ Abn ___ N/A ___
<i>Attitude:</i> Nrm ___ Abn ___ N/A ___	<i>Vomiting:</i> Nrm ___ Abn ___ N/A ___	<i>Bowels:</i> Nrm ___ Abn ___ N/A ___	<i>Urination:</i> Nrm ___ Abn ___ N/A ___

Notes:

OBJECTIVE FINDINGS – PHYSICAL EXAMINATION DATA:

Temp:	HR:	RR:	MM:	CRT:	Wt:
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<i>Abdomen/Palpation:</i> Nrm ___ Abn ___ N/E ___	<i>Heart:</i> Nrm ___ Abn ___ N/E ___	<i>Musculoskeletal:</i> Nrm ___ Abn ___ N/E ___	<i>Respiratory:</i> Nrm ___ Abn ___ N/E ___
<i>Ears: L / R</i> Nrm ___ Abn ___ N/E ___	<i>Integument:</i> Nrm ___ Abn ___ N/E ___	<i>Neurological:</i> Nrm ___ Abn ___ N/E ___	<i>Urogenital:</i> Nrm ___ Abn ___ N/E ___
<i>Eyes: L / R</i> Nrm ___ Abn ___ N/E ___	<i>Lymphatic:</i> Nrm ___ Abn ___ N/E ___	<i>Oral Cavity:</i> Nrm ___ Abn ___ N/E ___	<i>Body Condition Score:</i> Nrm ___ Abn ___ N/E ___

Notes:

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Animal ID #	

ASSESSMENT, RULE OUTS, DDx:

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PLANS:

Tests	Interpretation of Results	Treatment

RECOMMENDATIONS/INSTRUCTIONS TO OWNER:

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Signature Veterinarian:	Date:
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