



PATIENT EVALUATION

www.vetterpetcare.com

3720 Spruce St., Suite 455

Philadelphia PA 19104

Pet Name: _____

Species: _____

Breed: _____

Spayed/Neutered: _____

Date: _____

Time: _____

Appt ID #: _____

Customer ID #: _____

Owner Last Name: _____

Sex: _____

Age/D.O.B.: _____

Color: _____

Weight: _____

kg

Vet Name: _____

**Reason for Visit /
Presenting Complaint:**

History:

**Current
Medications:**

Allergies: _____

Physical Exam:

Temp: _____

HR: _____

RR: _____

N | AB | NE

Pain Score

Body Condition Score: _____

Overall Appearance: _____

EENT: _____

Hydration: _____

Oral Cavity: _____

Cardiovascular: _____

Respiratory: _____

Abdomen: _____

Musculoskeletal: _____

Nervous: _____

Integument: _____

Lymph Nodes: _____

Genitourinary: _____

Rectal: _____

Diagnostics, Procedures, Treatments Performed:**Canine Negative HWT / Next Due:** /

Administered Vaccines:	<i>Vacc. Type</i>	<i>Manuf.</i>	<i>Location Admin</i>	<i>Killed/Mod. Live</i>	<i>Serial #</i>	<i>Exp. Date</i>	<i>Rabies Tag #</i>

Vaccine Information:

	<i>Date Given</i>	<i>Next Due</i>		<i>Date Given</i>	<i>Next Due</i>
Canine Rabies			Feline Rabies		
DA2PP			FVRCP		
Leptospirosis			FelV		
Bordetella					
Canine Influenza					
Lyme					

Assessment:**Recommendations & Actions:** **Diet:** No Change Needed Change Suggested**Medications**

Prescribed	Instructions	Qty.	Refills	In-House or Outside Rx
1)				
2)				
3)				
4)				

Labwork:**Comments & Plan:****Next Appt:****Vet Signature:** _____