Intake Number:_____

Initial Exam Date:_____

ANIMAL PATIENT MEDICAL RECORD

Time: _____

Deployment/Event: _____ Location: _____

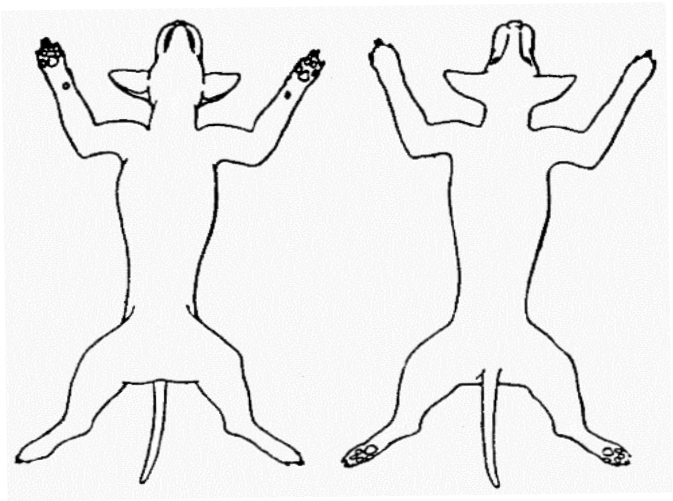
Follow-Up Exam Date _____ Clinician(s): _____ Initials: _____

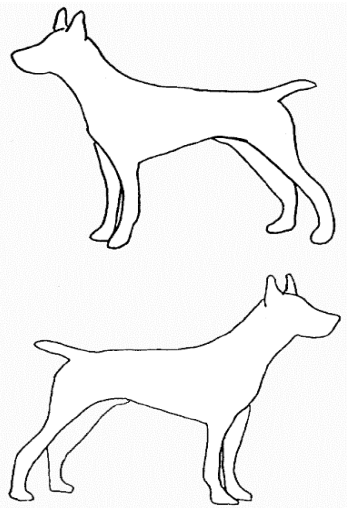
:

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**	**P**	**R**	**Weight #**
Sensorium N Abn	**Integ.** N Abn	**Ears** N Abn	**Heart** N Abn	**MescSkel** N Abn
Pain Yes No	**L. Nodes** N Abn	**Nose** N Abn	**Lungs** N Abn	**Neurol.** N Abn
Hydration N Abn	**Eyes** N Abn	**Mouth** N Abn NE	**Abdomen** N Abn	**Urogen.** N Abn
Body Condition:(circle)	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** ☐ **HWT:** ☐ **Neg.** ☐ **Pos.**	**Rabies:** ☐ **1 Year** ☐ **3 Year** **Date:** _____	(Label)
Dewormer: Type: _____ **Dosage:** _____ **Date:** _____	**Distemper:** ☐ **DHPP** ☐ **DHLPP** **Date** _____	(Label)
Ext.Parasite: ☐ **Frontline** ☐ **Revolution** **Date:** _____	**Bordatella: Date:** _____	(Label)