



Physical Exam Report Card

Patient _____ Owner _____ Date _____

Seen by: Dr. Novey Dr. Hall Dr. Winters Dr. Austin

Please circle which of the following your pet is experiencing:

- No Problems Noted Weight loss/gain Vomiting Diarrhea/constipation Appetite Change
Lethargy Sneezing Coughing/Breathing Urinary Problem Eye Problem
Ear Problem Lameness Skin Problem: Itch Scale (1 = none, 10 = severe itch) ____/10
Behavior Problem Wound Pain Other _____

Is this a follow-up from a previous condition? ____ yes ____ no

Is your pet a senior (greater than seven (7) years in age)? ____ yes ____ no

Is your pet on flea preventative? ____ yes ____ no. If so, product _____ and frequency _____

Have you seen ticks on your pet in the last year (both alive or dead)? ____ yes ____ no

Is your pet on tick prevention? ____ yes ____ no. If so, product _____ and frequency _____

Is your pet on heartworm preventative? ____ yes ____ no. If so, what is the brand? _____

Is your pet on any other medications or supplements? ____ yes ____ no.

Weight _____ lbs Body Condition Score (1-4 underweight, 5 ideal, 6-9 overweight) _____

- 1. Eyes 2. Ears 3. Nose and Throat 4. Mouth, Teeth, and Gums
5. Lymph Nodes 6. Abdomen/GI Tract 7. Coat and Skin 8. Heart
9. Respiratory 10. Musculoskeletal 11. Nervous 12. Urogenital System

Abnormalities Noted:

Vaccines: DHPPV (____ yr) Bordetella Leptospirosis Lyme Canine Influenza

Rabies (____ yr) FVRCP (____ yr) Feline Leukemia (____ yr)

Diagnostics Performed:

- Intestinal Parasite Flotation (Neg / Pos _____) Intestinal Parasite Smear (Norm / Abn _____)
 Blood Parasite Test (heartworm, tick diseases) (Neg / Pos _____)
 Feline Leukemia/FIV/Heartworm (Neg / Pos _____) Blood Pressure (_____)
 Senior Profile Complete Blood Count Chemistry Electrolytes Thyroid Urinalysis Urine Culture Screen
 Tear Production (R _____ L _____) Eye Pressures (R _____ L _____)
 Corneal Stain (Neg / Pos) R L Fungal Culture for Ringworm
 Ear Smear (Neg/ Pos R _____ L _____)
 Skin Smear (Neg / Pos _____) Skin Scrape (Neg / Pos _____)
 Other _____

A recheck examination is is not needed for _____
in _____ days weeks months.

Care Plan for : _____

Discharge Instructions: _____

New medications prescribed/recommended by the doctor:

Name of Medication	Dosage	Frequency of Administration

Diet Recommendations: **Ideal Weight:** _____ lbs

Your pet requires approximately _____ calories per day to achieve the goal weight recommended by the doctor.

Diet Plan: _____
