SAMPLE HEALTH REPORT CARD

_____'s Report Card

Last Name _____

Examined By _____ Date: _____

VACCINATION PROGRAM

___ ALL OK

___ DUE ❑ Distemper/Parvo ❑ Lyme ❑ Bordetella ❑ Rabies ❑ Rattlesnake ❑ Flu ❑ Distemper ❑ Leukemia

COAT & SKIN

❑ No problems found
❑ Dull/dry
❑ Matted
❑ Abnormal Lump
❑ Excessive shedding/hair loss
❑ Itchy
❑ Parasites
❑ Other: _____

EYES

❑ No problems found
❑ Discharge
❑ Inflamed
❑ Eyelid Problem: _____
❑ Cloudy lens: L ___ R ___
❑ Other: _____

EARS

❑ No problems found
❑ Inflamed
❑ Itchy
❑ Abnormal lump: L ___ R ___
❑ Excessive wax/hair
❑ Other: _____

NOSE & THROAT

❑ No problems found
❑ Nasal discharge

MOUTH, TEETH, GUMS

❑ No problems found
❑ Inflamed lips
❑ Ulcers
❑ Abnormal lumps
❑ Other: _____
❑ Broken teeth
❑ Loose teeth
❑ Bleeding gums
❑ Tartar buildup

LEGS & PAWS

❑ No problems found
❑ Lameness/pain
❑ Joint/nail problem
❑ Other: _____

PRODUCTS RECOMMENDED:

ABDOMEN

❑ No problems found
❑ Tense/painful
❑ Other: _____
❑ Abnormal lump
❑ Distended

LUNGS

❑ No problems found
❑ Breathing too rapidly
❑ Coughing
❑ Breathing difficulty
❑ Congestion
❑ Other: _____

DIGESTIVE SYSTEM

❑ No problems found
❑ Excessive gas
❑ Vomiting
❑ Eating disorder
❑ Abnormal feces (BM)
❑ Diarrhea
❑ Other: _____

URINARY/REPRODUCTIVE SYSTEM

❑ No problems found
❑ Breast lump(s)
❑ Anal gland problem
❑ Other: _____
❑ Abnormal urinations
❑ Genital discharge
❑ Abnormal testicles

WEIGHT: _____ lbs

❑ Normal range
❑ Too heavy
❑ Too thin
❑ Recommended weight: _____

INTESTINAL PARASITES/WORMS

❑ None seen ❑ Seen during exam ❑ Suspected

COMMENTS: