

LIVE ANIMAL EXAM FORM

AGENCY: _____ Animal ID # _____
CASE #: _____ MICROCHIP: Y N # _____

DATE: _____ DOCTOR: _____ TIME: _____

BREED: _____ COLOR: _____ SEX: _____ AGE EST: _____

TEMPERAMENT: _____ WT (LBS): _____

BCS: (1) EMACIATED (2) VERY THIN (3) THIN (4) LEAN (5) IDEAL (6) MILDLY OVRWT (7) OVRWT
(8) OBESE (9) MORBIDLY OBESE

T: _____ MM/CRT: _____ HYD: _____

EENM: _____

H/L: _____

ABD / PERINEUM : _____

U/G: _____

M/S: _____

SKIN: _____

FEET: _____

PARASITES: _____

APPETITE: _____

COMMENTS: _____

SAMPLES TAKEN: _____ ON SCENE TESTS: _____

PARASITE TX: _____ VACCS: _____

OTHER DIAG REQUIRED: _____

EUTH: Y N REASON: _____ APPVD BY: _____

TX INSTRUCTIONS: _____