

## SAMPLE RECORD OF EXAMINATION

|               |             |
|---------------|-------------|
| Date:         | Patient ID: |
| Veterinarian: | Client ID:  |

### Subjective Findings:

Presenting Complaint: \_\_\_\_\_  
 Frequency and duration: \_\_\_\_\_  
 Previous treatment for problem: \_\_\_\_\_  
 Response to treatment: \_\_\_\_\_

### History:

|             |     |       |     |       |     |       |            |     |       |     |       |     |       |
|-------------|-----|-------|-----|-------|-----|-------|------------|-----|-------|-----|-------|-----|-------|
| Appetite:   | Nrm | _____ | Abn | _____ | N/A | _____ | Drinking:  | Nrm | _____ | Abn | _____ | N/A | _____ |
| Attitude:   | Nrm | _____ | Abn | _____ | N/A | _____ | Breathing: | Nrm | _____ | Abn | _____ | N/A | _____ |
| Urination:  | Nrm | _____ | Abn | _____ | N/A | _____ | Lameness:  | Yes | _____ | No  | _____ | Occ | _____ |
| Defecation: | Nrm | _____ | Abn | _____ | N/A | _____ |            |     |       |     |       |     |       |

Nrm=normal, Abn=abnormal, N/A=not applicable, Occ=occasional

Notes: \_\_\_\_\_  
 \_\_\_\_\_

### Objective Findings:

Temp \_\_\_\_\_ HR \_\_\_\_\_ RR \_\_\_\_\_ MM \_\_\_\_\_ CRT \_\_\_\_\_ BCS \_\_\_\_\_

|                  |     |       |     |       |     |       |              |     |       |     |       |     |       |
|------------------|-----|-------|-----|-------|-----|-------|--------------|-----|-------|-----|-------|-----|-------|
| Eyes:            | Nrm | _____ | Abn | _____ | N/E | _____ | Heart:       | Nrm | _____ | Abn | _____ | N/E | _____ |
| Ears:            | Nrm | _____ | Abn | _____ | N/E | _____ | Respiratory: | Nrm | _____ | Abn | _____ | N/E | _____ |
| Oral Cavity:     | Nrm | _____ | Abn | _____ | N/E | _____ | Abdomen:     | Nrm | _____ | Abn | _____ | N/E | _____ |
| Lymphatic:       | Nrm | _____ | Abn | _____ | N/E | _____ | Integument:  | Nrm | _____ | Abn | _____ | N/E | _____ |
| Musculoskeletal: | Nrm | _____ | Abn | _____ | N/E | _____ | Urogenital:  | Nrm | _____ | Abn | _____ | N/E | _____ |
| Neurological:    | Nrm | _____ | Abn | _____ | N/E | _____ |              |     |       |     |       |     |       |

Nrm=normal, Abn=abnormal, N/E=not examined

Notes: \_\_\_\_\_  
 \_\_\_\_\_

### Assessment:

Problem List:

|          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Differential Diagnoses: \_\_\_\_\_  
 \_\_\_\_\_

|               |             |
|---------------|-------------|
| Date:         | Patient ID: |
| Veterinarian: | Client ID:  |

**Plans:**

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| Tests | Interpretation of results | Treatment |
|-------|---------------------------|-----------|
|       |                           |           |
|       |                           |           |
|       |                           |           |

**Assessment:**

Problem List:

- |    |    |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Tentative or Final Diagnoses:

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**Client communication/consent discussions:**

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