

SAMPLE INDIVIDUAL ANIMAL RECORD OF EXAMINATION

Date:	Client ID:
Veterinarian:	Animal ID:
Colour/Markings:	Distinguishing features:
Tattoo:	Ear Tag #:

Subjective Findings:

Presenting Complaint: _____
 Frequency and duration: _____

History of Recent Health Status:

(may use a template)

Objective Findings:

Temp _____ HR _____ RR _____ MM _____ CRT _____ BCS _____

Head:	Nrm	_____	Abn	_____	N/E	_____	Neurological:	Nrm	_____	Abn	_____	N/E	_____
Eyes:	Nrm	_____	Abn	_____	N/E	_____	Left Abdomen:	Nrm	_____	Abn	_____	N/E	_____
Withers pinch:	Nrm	_____	Abn	_____	N/E	_____	Right Abdomen:	Nrm	_____	Abn	_____	N/E	_____
Cardiovascular:	Nrm	_____	Abn	_____	N/E	_____	Mammary:	Nrm	_____	Abn	_____	N/E	_____
Musculoskeletal:	Nrm	_____	Abn	_____	N/E	_____	Rectal exam:	Nrm	_____	Abn	_____	N/E	_____

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

Notes: _____

Assessment:

Problem List:

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

Differential Diagnoses: _____

Plans:

Date:	Animal ID:
Veterinarian:	Client ID:

Tests	Interpretation of results	Treatment

Assessment:

Problem List:

1.	4.
2.	5.
3.	6.
Tentative or Final Diagnoses:	

Client communication/consent discussions:

Drugs Used on Patient:

Name/Strength:	Dose:	Route:	Meat Withdrawal	Milk Withdrawal

Drugs Given to Client:

Name/Strength:	Directions for Use (dose, route, frequency)	Withdrawal		Qty	SOP provided
		Meat	Milk		
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Name of client informed of withholding times for all drugs: _____