**SAMPLE RECORD OF EXAMINATION TEMPLATE**

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

**Subjective Findings:**

|  |  |
| --- | --- |
| Presenting Complaint: |  |
| Frequency and duration: |  |
| Previous treatment for problem: |  |
| Response to treatment: |  |

**History:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Appetite: | Nrm |  | Abn |  | N/A |  | Drinking: | Nrm |  | Abn |  | N/A |  |
| Attitude: | Nrm |  | Abn |  | N/A |  | Vomiting: | Yes |  | No |  | Occ |  |
| Urination: | Nrm |  | Abn |  | N/A |  | Sneezing: | Yes |  | No |  | Occ |  |
| Defecation: | Nrm |  | Abn |  | N/A |  | Coughing: | Yes |  | No |  | Occ |  |
| Nrm=normal, Abn=abnormal, N/A=not applicable, Occ=occasional | | | | | | | | | | | | | |
| Notes: |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Objective Findings:**

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| Temp |  | HR |  | RR |  | MM |  | CRT |  | Weight (kg) |  |

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| 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 |  | BCS: |  | /5 or 9 | | | |  |
| Nrm=normal, Abn=abnormal, N/E=not examined | | | | | | | | | | | | |  |
| Notes: | | | | | | | | | | | | |  |
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| --- | --- | --- | --- |
| Date: |  | Patient ID: |  |
| Veterinarian: |  | Client ID: |  |

**Assessment:**

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| --- |
| Problem List: |
| 1. |
| 2. |
| 3. |
| Differential Diagnoses: |

**Plans:**

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| Tests | Interpretation of results | Treatment |
|  |  |  |
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**Assessment:**

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| --- | --- | --- | --- |
| Problem List: | | | |
| 1. |  | 4. |  |
| 2. |  | 5. |  |
| 3. |  | 6. |  |
| Tentative or Final Diagnoses: | | | |
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**Client communication/consent discussions:**

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