Canine annual examination report

Pet's name:_____ Date: _____ Age:____ yrs. Staff: _____ Dr.:_____

1. What heartworm and flea/tick preventive are you using? ❑ None ❑ Yes: _____
   Last administered: _____
   Have you seen any fleas or ticks on your dog? ❑ No ❑ Yes
2. What brand of food do you feed your dog? How much do you feed daily?_____
3. Do you provide dental care for your dog? ❑ No ❑ Yes: _____
4. Do you have other pets? ❑ No ❑ Yes Are they currently vaccinated and on heartworm and flea/tick preventive? ❑ No ❑ Yes
5. Does your dog go outside? ❑ Daily for bathroom/walks ❑ 50/50 Indoor/Outdoor ❑ Outdoor Dog
6. Does your dog: ❑ Board ❑ Groom ❑ Dog parks ❑ Obedience/Training classes ❑ Have contact with any other dogs
7. Have you noticed any lumps or bumps on your dog? ❑ No ❑ Yes:_____
8. Is your pet currently taking any medications/supplements? ❑ No ❑ Yes: _____
9. Are there any health issues or behaviors you wish to discuss? ❑ No ❑ Yes:_____

GENERAL

Today's weight:_____ lbs Previous weight: _____ lbs

Weight ❑ Normal ❑ Thin ❑ Heavy Ideal: _____ lbs

Attitude ❑ Normal ❑ Lethargic ❑ Nervous

❑ RV1 ❑ RV3 ❑ DAP-3 ❑ Bord/PI ❑ LYME ❑ DHP-P
❑ Heartworm antigen test ❑ Positive ❑ Negative
❑ Lyme antibody test ❑ Positive ❑ Negative
❑ E canis antibody test ❑ Positive ❑ Negative
❑ Internal parasite test ❑ Positive ❑ No ova seen

COAT AND SKIN
❑ Appears normal ❑ Parasites ❑ Itchy ❑ Dull ❑ Scaly ❑ Dry
❑ Infection ❑ Matted ❑ Other: _____

EYES AND EARS
❑ Appears normal ❑ Discharge ❑ Lenticular sclerosis
❑ Excessive wax ❑ Infection ❑ Cataracts ❑ Left ❑ Right
❑ Other: _____

NOSE AND THROAT
❑ Appears normal ❑ Inflammation ❑ Swelling
❑ Sneezing ❑ Discharge ❑ Tumor
❑ Other: _____

MOUTH/TEETH/GUMS Previous dental stage _____ /4
❑ Appears normal ❑ Tartar ❑ Calculus ❑ Broken teeth
❑ Gingivitis ulcers ❑ Periodontal disease stage _____ /4

HEART AND LUNGS
❑ Appears normal ❑ Congestion ❑ Cough ❑ Heart murmur
❑ Difficulty breathing ❑ Other: _____

LEGS AND PAWS
❑ Appears normal ❑ Nail trim ❑ Tumor
❑ Lameness ❑ Front ❑ Left ❑ Right ❑ Back ❑ Left ❑ Right
❑ Other: _____

GI TRACT / ABDOMEN
❑ Appears normal ❑ Diarrhea ❑ Vomits ❑ Tumor
❑ Anal gland expression ❑ Enlarged organ
❑ Other: _____

NOTES: _____

_____

_____

_____

ANNUAL CHECKLIST

Have	Need	
❑	❑	Heartworm preventive refill
❑	❑	Flea/tick preventive refill
❑	❑	Food
❑	❑	Vitamins/Supplements

Have	Need	
❑	❑	Dental care/Cleaning
❑	❑	Microchip/Identification tag
❑	❑	Diagnostics
❑	❑	❑ Other: _____

Source: Gina Toman, veterinary assistant at Seaside Animal Care in Calabash, N.C.