



**SAN LUIS OBISPO COUNTY DIVISION OF ANIMAL SERVICES**  
**Veterinarian's Examination Report**  
 (Canine and Feline)

**TO THE VETERINARIAN:** This report form should be used to document your examination findings and treatment/management directions for the animal listed. Please complete both sides of the form. Upon completion, the form should be submitted by fax to **Animal Services, (805)781-1065**, or by direct delivery to an animal control officer. A copy may be provided to the animal owner and you may keep a copy for your records.

\_\_\_\_\_  
 Veterinarian's Name

\_\_\_\_\_  
 Exam Date

\_\_\_\_\_  
 Clinic/Hospital

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Animal Owner's Name

\_\_\_\_\_  
 Animal Name

\_\_\_\_\_  
 Species

\_\_\_\_\_  
 Breed

\_\_\_\_\_  
 Age

\_\_\_\_\_  
 Sex

**General Exam Findings**

- |                  |                                 |                                   |       |
|------------------|---------------------------------|-----------------------------------|-------|
| Eyes             | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ |
| Ears             | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ |
| Oral             | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ |
| Lymphatic        | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ |
| Cardiovascular   | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ |
| Respiratory      | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ |
| Gastrointestinal | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ |
| Urogenital       | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ |
| Musculoskeletal  | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ |
| Integumentary    | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ |
| Neurologic       | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ |

	Emaciated				Normal				Obese
Body Condition Score	1	2	3	4	5	6	7	8	9

(Continued on reverse)

**Directions for management**

Please indicate if each item is required for the health and welfare of the animal or a recommended best practice.

**Feed / Diet**

Required

Recommended

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

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**Housing / Environment**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

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**Grooming**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

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**Activity / Exercise / Confinement**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

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**Medications / Medical Treatment**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

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**Follow Up**

Recheck required?     Yes     No         Recheck date \_\_\_\_\_  
Please submit an examination report for each follow-up evaluation.

**Other comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Veterinarian's Signature

\_\_\_\_\_  
Date