

Small Animal General Health Assessment Form

Case # _____ ID # _____ Holding Pen # _____ Other # _____

Investigating Agency _____

Location of exam	Examination date	Examination time
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Animal:

Name	Species	Breed
Gender	Age	Weight
Color/Markings	Description	Temperament
Temperature	Pulse	Respiration

General body condition: _____

Mouth condition	Head and neck condition
Ear condition	Body and tail condition
Eye condition	Foot and leg condition

Overall condition: Excellent Good Fair Poor



General comments: _____

Actions taken or recommendations: _____

Examined by: _____	Signature: _____	Date: _____
Address: _____	City: _____	State: _____ Zip: _____
Phone: _____	Phone Type (Cell/Home/Work): _____	

