

2019 VETERINARY EXAM FORM

Please bring these forms to your scheduled Vet Check appointment with the top portion already completed (dog name, color, age, sex). Use one form for four dogs. **Note: you may bring a max of 14 dogs to the Vet Check.**

Musher Name: _____

Veterinarian Name: _____

Vet Check Date: _____

Time: _____

DOG NAME	1.	2.	3.	4.
Color				
Age/ Sex				

Microchip #				
Microchip location				
Weight				
Body Condition				
Temperature				
Heart				
<i>Pulse</i>				
Lungs				
<i>Resp. Rate</i>				
Oral Exam				
<i>mm color</i>				
Eyes				
Ears				
Lymph Nodes				
Abdomen				
Urogenital				
<i>Testicles</i>				
<i>Mammary</i>				
Musculoskel				
<i>Forelegs</i>				
<i>Hindlegs</i>				
<i>Back</i>				
<i>Neck</i>				
Feet				
<i>Front</i>				
<i>Hind</i>				
<i>Dewclaws</i>				
Skin/ Coat				
Frostbite				
Medications				
<i>Current</i>				
<i>Last 30 days</i>				
Vaccines				
Notes:				