



EXAMINATION FILE



MUSHER NAME	NATIONALITY	START NUMBER	CLASS
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Dog Name	Date of birth	Chip Number
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- Need Deworming : Yes No
- Is currently on medication. Yes No

Appointment Date and hours : ____/____. ____:____

Form 1 ____ . Form 2 . ____

BASIC GENERAL EXAM

Body Score condition (1-9) _____
 Muscle Score Condition (1-3) _____
 Pulmonary Auscultation _____
 Oral Mucosa Color _____
 Hydration Status _____
 Capillary Refill Time _____
 Mouth/teeth/saliva conditions _____

Eyes / Ears conditions _____
 Attitutde _____
 Grooming condition _____
 Heart Auscultation _____
 Pulse Rate _____
 Aggressive Behaviour _____
 Temperature (not mandatory) _____

MUSCULO- ESKELETAL EXAMINATION

Head and Neck Pain/ Restriction of movement _____
 Left Front Leg Pain/ Restriction of movement _____
 Left Hind Leg Pain/ Restriction of movement _____
 Gait Disturbances / Lamenes _____

Lumbar vertebral and muscular area _____
 Thoracic vertebral and muscular area _____
 Righth Front Leg Pain/ Restriction of movement _____
 Righth Hind Leg Pain/ Restriction of movement _____
 Wounds , Skin tumors, Paws lesions _____

APPROVED FOR COMPETITION: YES NO

NOTES :

DATE ____/____ TIME ____:____

VETERINARIAN NAME AND SIGNATURE