

EXAMINATION FILE

 MUSHER NAME	NATIONALITY	START NUMBER	COMPETITION CLASS
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Dog Name _____ Date of Birth ___/___/___ Chip Number _____

Complete Vaccination YES _____ NO _____

Need deworming? YES _____ APPOINTMENT DATE /TIME ___/___/___ :___ HOURS

GENERAL BODY EXAMINATION

Body S. Condition (1-9)	_____	Grooming Condition	_____
Muscle S. Conditon	_____	Heart Auscultation	_____
Cardiovascular Sistem	_____	Pulse Rate	_____
Pulmonary Auscultation	_____	Capillary Refill Time	< 2Sec _____ >2Sec _____
Respiratory Rate	_____		
Oral Mucusa	_____		
Hydration Status	_____		

MUSCULOSKELETAL EXAMINATION

Head and Neck	_____	Lumbar Area	_____
Left Front Leg	_____	Toracic Area	_____
Left Hind Leg	_____	Rigth Fron Leg	_____
Gait	_____	Rigth Hind leg	_____
		Agressive Behavior	_____

Fit for competition Yes _____ No _____

Notes _____

Date ___/___/___ Veterinarian Name and Signature _____