

EXAMINATION FILE



MUSHER NAME

NATIONALITY

BIB

CLASS

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) _____

Muscle S. Conditon _____

Cardiovascular Sistem _____

Pulmonary Auscultation _____

Respiratory Rate _____

Oral Mucusa _____

Hydration Status _____

Grooming Condition _____

Heart Auscultation _____

Pulse Rate _____

Capillary Refill Time < 2Sec _____ >2Sec _____

MUSCULOSKELETAL EXAMINATION

Head and Neck _____

Left Front Leg _____

Left Hind Leg _____

Gait _____

Lumbar Area _____

Toracic Area _____

Rigth Fron Leg _____

Rigth Hind leg _____

Agressive Behavior _____

Fit for competition

Yes _____ No _____

Notes _____

Date

___/___/___

Veterinarian Name and Signature _____