

EXAMINATION FILE

 MUSHER NAME	NATIONALITY	START NUMBER	COMPETITION 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) _____	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 _____