EXAMINATION FILE

MUSHER NAME	NATIONALITY	START NUMBER	CLASS

Dog Name	Date of birth	Chip Number

- *Need Deworming :* *Yes* *No* *Appointment Date and hours :* ____/_____. ___:___
- *Is currently on medication.* *Yes* *No* *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 _____
Rigth Front Leg Pain/ Restriction of movement _____
Rigth Hind Leg Pain/ Restriction of movement _____
Wounds , Skin tumors, Paws lesions _____

APPROVED FOR COMPETITION: YES NO
NOTES :

DATE _____/_____ TIME _____:_____ VETERINARIAN NAME AND SIGNATURE