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Physical Exam

Veterinarian:_____ Asst._____ Pt.#_____
Case # (if applicable):_____ Date:_____ Time (start/end):_____
Agency:_____ Contact:_____
Phone number:_____ Chain of custody form signed:_____
Location:_____ Search warrant or signed consent?:_____

Hx: C?___ S?___ V?___ D?___ pu/pd?___ HW preventative?___ flea/tick control?_____
medications?_____ Diet:_____

Exam

S: BCS:___/9 Age est.:_____
cat / dog / rabbit / other:_____
behavior: Male / Female / Spayed / Neutered
scanned for microchip? □ no □ yes_____
Breed type:_____ Color:_____

O: T_____ P:_____ R:_____ mm:_____ crt:_____ Weight:_____

1. eyes:	□NSF	□A	□NE	7. M/S:	□NSF	□A □NE
2. ears:	□NSF	□A	□NE	8. neuro:	□NSF	□A □NE
3. nose:	□NSF	□A	□NE	9. U/G:	□NSF	□A □NE
4. oral:	□NSF	□A	□NE	10. LN:	□NSF	□A □NE
5. cv/resp:	□NSF	□A	□NE	11. integ:	□NSF	□A □NE
6. GI:	□NSF	□A	□NE	12. pain:	□no	□yes

NSF = no significant findings
A = abnormal
NE = not examined

□ check if evidence collected
□ check if photos taken
□ check if video taken