

SAMPLE RECORD OF EXAMINATION TEMPLATE

Date:	Patient ID:
Veterinarian:	Client ID:

Subjective Findings:

Presenting Complaint: _____
 Frequency and duration: _____
 Previous treatment for problem: _____
 Response to treatment: _____

History:

Appetite:	Nrm	___	Abn	___	N/A	___	Drinking:	Nrm	___	Abn	___	N/A	___
Attitude:	Nrm	___	Abn	___	N/A	___	Vomiting:	Yes	___	No	___	Occ	___
Urination:	Nrm	___	Abn	___	N/A	___	Sneezing:	Yes	___	No	___	Occ	___
Defecation:	Nrm	___	Abn	___	N/A	___	Coughing:	Yes	___	No	___	Occ	___

Nrm=normal, Abn=abnormal, N/A=not applicable, Occ=occasional

Notes: _____

Objective Findings:

Temp _____ HR _____ RR _____ MM _____ CRT _____ Weight (kg) _____

Eyes:	Nrm	___	Abn	___	N/E	___	Heart:	Nrm	___	Abn	___	N/E	___
Ears:	Nrm	___	Abn	___	N/E	___	Respiratory:	Nrm	___	Abn	___	N/E	___
Oral Cavity:	Nrm	___	Abn	___	N/E	___	Abdomen:	Nrm	___	Abn	___	N/E	___
Lymphatic:	Nrm	___	Abn	___	N/E	___	Integument:	Nrm	___	Abn	___	N/E	___
Musculoskeletal:	Nrm	___	Abn	___	N/E	___	Urogenital:	Nrm	___	Abn	___	N/E	___
Neurological:	Nrm	___	Abn	___	N/E	___	BCS:	___	/5 or 9				

Nrm=normal, Abn=abnormal, N/E=not examined

Notes: _____

Date:	Patient ID:
Veterinarian:	Client ID:

Assessment:

Problem List:

1. _____
2. _____
3. _____

Differential Diagnoses: _____

Plans:

Tests	Interpretation of results	Treatment

Assessment:

Problem List:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Tentative or Final Diagnoses: _____

Client communication/consent discussions:
