**SAMPLE INDIVIDUAL ANIMAL RECORD OF EXAMINATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Client ID: |  |
| Veterinarian: |  | Animal ID: |  |
| Colour/Markings: |  | Distinguishing features: |  |
| Tattoo: |  | Ear Tag #: |  |

**Subjective Findings:**

|  |  |
| --- | --- |
| Presenting Complaint: |  |
| Frequency and duration: |  |

History of Recent Health Status:

|  |
| --- |
| *(may use a template)* |
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**Objective Findings:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Temp |  | HR |  | RR |  | MM |  | CRT |  | BCS |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Head: | Nrm |  | Abn |  | N/E |  | Neurological: | Nrm |  | Abn |  | N/E |  |
| Eyes: | Nrm |  | Abn |  | N/E |  | Left Abdomen: | Nrm |  | Abn |  | N/E |  |
| Withers pinch: | Nrm |  | Abn |  | N/E |  | Right Abdomen: | Nrm |  | Abn |  | N/E |  |
| Cardiovascular: | Nrm |  | Abn |  | N/E |  | Mammary: | Nrm |  | Abn |  | N/E |  |
| Musculoskeletal: | Nrm |  | Abn |  | N/E |  | Rectal exam: | Nrm |  | Abn |  | N/E |  |
| Nrm=normal, Abn=abnormal, N/E=not examined |
| Notes: |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Assessment:**

|  |
| --- |
| Problem List: |
| 1. |  | 4. |  |
| 2. |  | 5. |  |
| 3. |  | 6. |  |
| Differential Diagnoses:  |
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|  |

**Plans:**

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| --- | --- | --- | --- |
| Date: |  | Animal ID: |  |
| Veterinarian: |  | Client ID: |  |
|  |
| Tests | Interpretation of results | Treatment |
|  |  |  |
|  |  |  |
|  |  |  |

**Assessment:**

|  |
| --- |
| Problem List: |
| 1. |  | 4. |  |
| 2. |  | 5. |  |
| 3. |  | 6. |  |
| Tentative or Final Diagnoses:  |
|  |
|  |

**Client communication/consent discussions:**

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**Drugs Used on Patient:**

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| --- | --- | --- | --- | --- |
| Name/Strength: | Dose: | Route: | Meat Withdrawal | Milk Withdrawal |
|  |  |  |  |  |
|  |  |  |  |  |
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**Drugs Given to Client:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name/Strength: | Directions for Use (dose, route, frequency) | Withdrawal | Qty | SOP provided |
| Meat | Milk |
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|  |  |  |  |  | 🞏 |
|  |  |  |  |  | 🞏 |
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| --- | --- |
| Name of client informed of withholding times for all drugs: |  |