Intake Number:_____

Initial Exam Date:_____

Time: _____

ANIMAL PATIENT MEDICAL RECORD

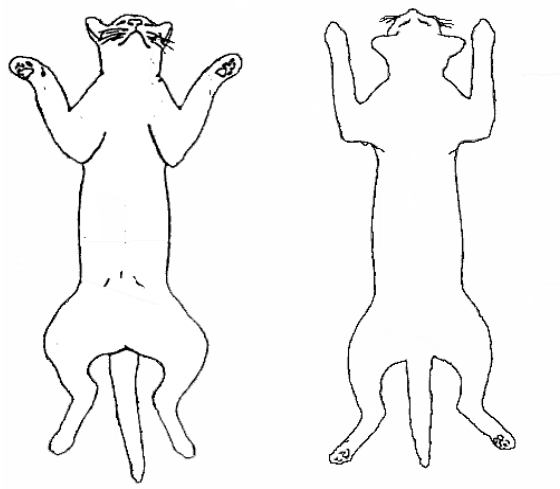
Deployment/Event: _____ Location: _____

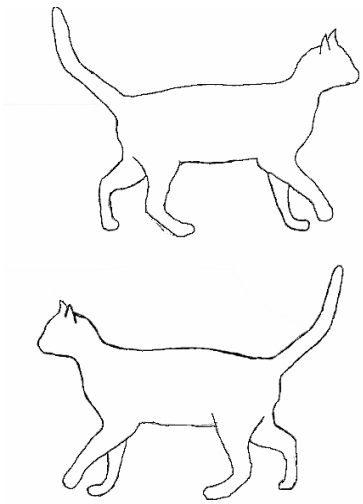
Clinician(s): _____ Initials: _____ Follow-Up Exam Date: _____

Breed: _____ Color: _____ Neuter: Y / N (circle) Gender: M / F (circle)

Age/Birth: _____ Est./Act.(circle) Current Weight: _____ kg/lb (circle) est/act. (circle) Ear Tag #: _____

Brand/Tattoo: _____ Already Chipped: Y / N Microchip #: _____





EXAM	**T**	**P**	**R**	**Weight** #
Sensorium N Abn	**Integ.** N Abn	**Ears** N Abn	**Heart** N Abn	**MescSkel** N Abn
Pain Yes No	**L. Nodes** N Abn	**Nose** N Abn	**Lungs** N Abn	**Neurol.** N Abn
Hydration N Abn	**Eyes** N Abn	**Mouth** N Abn NE	**Abdomen** N Abn	**Urogen.** N Abn
Body Condition:(circle)	Emaciated **(1)**	Very Thin **(2)**	Thin **(3)**	Underweight **(4)**
Ideal **(5)**	Overweight **(6)**	Heavy **(7)**	Obese **(8)**	Grossly Obese **(9)**

Medical Findings: _____

Assessment/Plan: _____

Vaccinations:

☐ **No Vaccination do to Medical** ☐ **No Vaccination do to Age**

☐ **CBC/Ch** ☐ **UA** ☐ **Fecal** ☐ **FeLV/FIV :** ☐ **Neg** ☐ **Pos**

Dewormer: Type: _____ **Dosage:** _____ **Date:** _____	**Rabies:** ☐ **1 Year** ☐ **3 Year** **Date:** _____	(Label)
Ext.Parasite: ☐ **Frontline** ☐ **Revolution** **Date:** _____	**FVRCP: Date:** _____	(Label)