



Pets Name _____

To help the Veterinary Surgeon perform a full clinical examination on your pet please tick the relevant boxes for problems you have noticed recently. Your day to day observations are of great importance. **Please bring this completed form back with you at the time of your pets vaccination.**

	Tick	Condition	Veterinary Surgeons Notes
EYES	<input type="checkbox"/>	No problems	
	<input type="checkbox"/>	Occasional discharge	
	<input type="checkbox"/>	Frequent discharge	
	<input type="checkbox"/>	Impaired vision	
	<input type="checkbox"/>	Other	
EARS	<input type="checkbox"/>	No problems	
	<input type="checkbox"/>	Occasional Irritation	
	<input type="checkbox"/>	Frequent irritation	
	<input type="checkbox"/>	Head shaking	
	<input type="checkbox"/>	Other	
MOUTH	<input type="checkbox"/>	No problems	
	<input type="checkbox"/>	Occasional "smelly breath"	
	<input type="checkbox"/>	Frequent "smelly breath"	
	<input type="checkbox"/>	Difficulty eating	
	<input type="checkbox"/>	Other	
SKIN	<input type="checkbox"/>	No problems	
	<input type="checkbox"/>	Occasional itching	
	<input type="checkbox"/>	Frequent scratching /hair plucking	
	<input type="checkbox"/>	Abnormal swelling or lesions	
	<input type="checkbox"/>	Smelly	
	<input type="checkbox"/>	Other.....	
EXERCISE	<input type="checkbox"/>	Good tolerance of exercise	
	<input type="checkbox"/>	Gets out of breath on long walks	
	<input type="checkbox"/>	Easily out of breath on short walks	
	<input type="checkbox"/>	Has difficulty/reluctance to exercise	
	<input type="checkbox"/>	Other.....	
MOVEMENT	<input type="checkbox"/>	Walks & runs easily	
	<input type="checkbox"/>	Occasional stiffness	
	<input type="checkbox"/>	Frequently stiff during cold weather	
	<input type="checkbox"/>	Always difficulty in walking /jumping	
	<input type="checkbox"/>	Other.....	
DRINKING	<input type="checkbox"/>	Never seen drinking	
	<input type="checkbox"/>	Occasional drinking	
	<input type="checkbox"/>	Less than last year	
	<input type="checkbox"/>	More than last year	
	<input type="checkbox"/>	Other.....	
EATING	<input type="checkbox"/>	Eats well	
	<input type="checkbox"/>	Eats too well!	
	<input type="checkbox"/>	Fussy eater	
	<input type="checkbox"/>	Problems eating hard food	
	<input type="checkbox"/>	Other.....	
			Weight.....Kg

Last worming date: Number of times wormed in last 12 months: 0 1 2 3 4

Monthly Worming Product used:

Flea Products used: Frontline Program Stronghold Advocate Other

Comments: