

Mustard Seed Meadows

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PREPLACEMENT PHYSICAL

DATE: _____

PUPPY AKC #: _____

MICROCHIP #: _____

AGE: _____

WEIGHT: _____ TEMP: _____

1. COAT & SKIN

- | | | |
|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Appear Normal | <input type="checkbox"/> Oily | <input type="checkbox"/> Itchy |
| <input type="checkbox"/> Dull | <input type="checkbox"/> Shedding | <input type="checkbox"/> Parasites |
| <input type="checkbox"/> Scaly | <input type="checkbox"/> Matted | <input type="checkbox"/> Tumors |
| <input type="checkbox"/> Dry | <input type="checkbox"/> Other: _____ | |

Recommendation: _____

2. EYES

- | | |
|--|--|
| <input type="checkbox"/> Appear Normal | <input type="checkbox"/> Infection |
| <input type="checkbox"/> Discharge | <input type="checkbox"/> Cataract: L. _____ R. _____ |
| <input type="checkbox"/> Inflamed | <input type="checkbox"/> Eyelid Deformities |
| <input type="checkbox"/> Entropion | <input type="checkbox"/> Other: _____ |

Recommendation: _____

3. EARS

- | | |
|--|---|
| <input type="checkbox"/> Appear Normal | <input type="checkbox"/> Tumor: L. _____ R. _____ |
| <input type="checkbox"/> Inflamed | <input type="checkbox"/> Excessive Hair |
| <input type="checkbox"/> Itchy | <input type="checkbox"/> Discharge |
| <input type="checkbox"/> Odor | <input type="checkbox"/> Mites |
| <input type="checkbox"/> Other: _____ | |

Recommendation: _____

4. NOSE & THROAT

- | | |
|--|--|
| <input type="checkbox"/> Appear Normal | <input type="checkbox"/> Inflamed Tonsils |
| <input type="checkbox"/> Nasal Discharge | <input type="checkbox"/> Enlarged Lymph Glands |
| <input type="checkbox"/> Inflamed Throat | <input type="checkbox"/> Other: _____ |

Recommendation: _____

5. MOUTH, TEETH, GUMS

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Appear Normal | <input type="checkbox"/> Inflamed Lips | <input type="checkbox"/> Pyorrhea |
| <input type="checkbox"/> Breed Appropriate Bite | <input type="checkbox"/> Broken Teeth | <input type="checkbox"/> Tumors |
| <input type="checkbox"/> Loose Teeth | <input type="checkbox"/> Tartar Buildup | |
| <input type="checkbox"/> Mixed Dentition | <input type="checkbox"/> Secondary | <input type="checkbox"/> Primary |
| <input type="checkbox"/> Ulcers _____ | <input type="checkbox"/> Other: _____ | |

Recommendation: _____

6. LEGS & PAWS

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Appear Normal | <input type="checkbox"/> Joint Problems | <input type="checkbox"/> Lameness |
| <input type="checkbox"/> Nail Problems | <input type="checkbox"/> Sublux Patella | |
| <input type="checkbox"/> Damaged Ligaments | <input type="checkbox"/> Other: _____ | |

Recommendation: _____

7. HEART

- | | | |
|---------------------------------------|---------------------------------------|-------------------------------|
| <input type="checkbox"/> Normal Sound | <input type="checkbox"/> Slow | <input type="checkbox"/> Fast |
| <input type="checkbox"/> Murmur | <input type="checkbox"/> Other: _____ | |

Recommendation: _____

8. ABDOMEN

- | | |
|--|---|
| <input type="checkbox"/> Appears Normal | <input type="checkbox"/> Umbilical Hernia |
| <input type="checkbox"/> Enlarged Organs | <input type="checkbox"/> Abnormal Mass |
| <input type="checkbox"/> Tense/Painful | <input type="checkbox"/> Fluid |
| <input type="checkbox"/> Other: _____ | |

Recommendation: _____

9. LUNGS

- | | |
|---|---|
| <input type="checkbox"/> Sound Normal | <input type="checkbox"/> Breathing Difficulty |
| <input type="checkbox"/> Abnormal Sound | <input type="checkbox"/> Rapid Respiration |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Congestion |
| <input type="checkbox"/> Other: _____ | |

Recommendation: _____

10. GASTROINTESTINAL SYSTEM

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Appear Normal | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Excessive Gas |
| <input type="checkbox"/> Abnormal Feces | <input type="checkbox"/> Coccidia | <input type="checkbox"/> Parasites |
| <input type="checkbox"/> Anorexia | <input type="checkbox"/> Other: _____ | |

Recommendation: _____

11. UROGENITAL SYSTEM

- | | |
|---|--|
| <input type="checkbox"/> Appear Normal | <input type="checkbox"/> Abnormal Testicles |
| <input type="checkbox"/> Abnormal Urination | <input type="checkbox"/> Bilateral Descended |
| <input type="checkbox"/> Genital Discharge | <input type="checkbox"/> Right Descended |
| <input type="checkbox"/> Enlarged Prostate | <input type="checkbox"/> Left Descended |
| <input type="checkbox"/> Mammary Tumors | <input type="checkbox"/> Spayed |
| <input type="checkbox"/> Neutered | <input type="checkbox"/> Other: _____ |

Recommendation: _____

WEIGHT _____ T _____ P _____ R _____

COMMENTS: _____

VETERINARIAN _____ OWNER _____