



# Veterinary Animal Health Checkup Survey Checklist

## Patient Demographics

Collect basic information about the animal and owner.

**Animal's Name**

Write something...

**Animal's Breed**

Write something...

**Animal's Age (Years)**

Enter a number...

**Animal's Weight (lbs/kg)**

Enter a number...

### Animal's Sex

- Male
- Female
- Unknown

### Is Animal Spayed/Neutered?

- Yes
- No
- Unknown

### Owner's Name

Write something...

### Owner's Phone Number

Write something...

## Initial Observation & History

Record initial observations and gather relevant medical history.

### Date of Last Visit

Enter date...

### Reason for Visit (Owner's Perspective)

Write something...

### Current Medications?

- Yes
- No
- Unsure

### History of Previous Illnesses/Surgeries

Write something...

### Estimated Age (if unknown)

Enter a number...

### Breed (if known)

- Purebred
- Mixed Breed
- Unknown

## Vital Signs

Measure and record vital signs: temperature, pulse, respiration, weight.

**Temperature (°C)**

Enter a number...

**Pulse Rate (bpm)**

Enter a number...

**Respiratory Rate (breaths/min)**

Enter a number...

**Weight (kg)**

Enter a number...

**Time of Measurement**

**Measurement Technique**

- Rectal
- Axillary
- Ear

## Physical Examination - Head & Neck

Detailed assessment of the head and neck region.

### Head Shape

- Normal
- Dolichocephalic
- Brachycephalic

### Eyes - Symmetry

- Symmetrical
- Asymmetrical

### Eyes - Description of Findings (e.g., discharge, redness)

Write something...

### Nose - Discharge?

- No
- Yes
- Serous
- Mucopurulent

### Mouth - TPR (Temperature, Pulse, Respiration)

Enter a number...

### Oral Cavity - Description of Findings (e.g., gingivitis, ulcers)

Write something...

### Lymph Nodes - Palpable?

- No
- Yes

### Lymph Nodes - Description of Findings (size, consistency)

Write something...

## Physical Examination - Thorax & Abdomen

Detailed assessment of the chest and abdominal areas.

### Heart Rate (bpm)

Enter a number...

### Heart Rhythm

- Normal
- Arrhythmic
- Murmur Present (describe)

### Respiratory Effort

- Normal
- Increased
- Decreased
- Labored

### Respiratory Rate (breaths/min)

Enter a number...

### Abdominal Palpation

- Normal
- Painful
- Mass Detected (describe)

### Abdominal Auscultation Notes

Write something...

## Physical Examination - Musculoskeletal

Evaluate musculoskeletal system: gait, posture, range of motion.

### Weight (kg)

Enter a number...

### Gait Observation

- Normal
- Arboreal
- Stiff
- Limping (Right)
- Limping (Left)

### Postural Assessment

- Normal
- Kyphosis
- Swayback
- Scoliosis

### Range of Motion (Shoulder - Degrees)

Enter a number...

### Range of Motion (Hip - Degrees)

Enter a number...

### Musculoskeletal Abnormalities (if any)

Write something...

## Physical Examination - Skin & Coat

Assess skin condition, coat quality, and any abnormalities.

### Coat Type

- Short
- Medium
- Long
- Wiry
- Double

### Coat Condition

- Excellent
- Good
- Fair
- Poor

### Describe Coat Texture

Write something...

### Skin Lesions Present?

- None
- Papules
- Pustules
- Crusts
- Scale
- Erythema
- Ulceration

### Number of Skin Lesions

Enter a number...

### Detailed Description of Skin Lesions (location, size, appearance)

Write something...

### Upload Skin Lesion Photos (if applicable)

 Upload File

### Presence of Parasites?

- No
- Yes - Fleas
- Yes - Ticks
- Yes - Mites

## Ophthalmological Examination

Assessment of eyes and vision.

### Pupil Size (Right)

- Normal
- Dilated
- Mydriatic
- Miosis
- Unequal

### Pupil Size (Left)

- Normal
- Dilated
- Mydriatic
- Miosis
- Unequal

### **Pupillary Light Reflex (Right)**

- Present
- Absent
- Sluggish

### **Pupillary Light Reflex (Left)**

- Present
- Absent
- Sluggish

### **Visual Acuity (Right - if applicable)**

Enter a number...

### **Visual Acuity (Left - if applicable)**

Enter a number...

### **Ocular Abnormalities/Findings**

Write something...

## **Aural Examination**

Evaluation of ears and hearing.

### Ear Canal Appearance

- Normal
- Mild Erythema
- Moderate Erythema
- Severe Erythema
- Discharge Present

### Discharge Type (if present)

- Serous
- Purulent
- Bloody
- Unknown

### Cerumen (Earwax) Amount

- Normal
- Increased
- Decreased

### Pinna Temperature (°C)

Enter a number...

### Additional Aural Exam Notes

Write something...

### Sensitivity to Palpation?

- No
- Mild
- Moderate
- Severe

## Diagnostic Tests (if applicable)

Record any diagnostic tests performed and results (e.g., bloodwork, urinalysis).

### Bloodwork Requested?

- Yes
- No

### CBC - White Blood Cell Count (WBC)

### Chemistry Panel - Glucose (mg/dL)

### Urinalysis Requested?

- Yes
- No

### **Radiology Notes (if applicable)**

Write something...

### **Fecal Exam Requested?**

Yes

No

## **Treatment Plan & Recommendations**

Outline the proposed treatment plan and any recommendations for the owner.

### **Detailed Treatment Protocol**

Write something...

### **Medication Dosage (mg)**

Enter a number...

### **Medication Route**

Oral

Subcutaneous

Intramuscular

Topical

### First Medication Administration Date

Enter date...

### Duration of Treatment (Days)

Enter a number...

### Follow-Up Appointment Type

- Recheck Exam
- Medication Review
- Procedure Follow-Up

### Next Appointment Date

Enter date...

## Owner Education & Follow-Up

Document any owner education provided and schedule follow-up appointments.

### Summary of Key Points Discussed with Owner

Write something...

### Next Appointment Date

Enter date...

### Next Appointment Time

### Medication Instructions Provided?

Yes

No

### Dietary Recommendations Provided?

Change in Food Type

Portion Control

Limited Ingredient Diet

None

### Follow-up Appointment Cost Estimate

Enter a number...

### Owner Understanding of Plan?

Fully Understands

Mostly Understands

Needs Further Explanation

### Additional Notes/Instructions for Owner

Write something...