Health Check Form - Dog

Vet Clinic:	
Attending date:	
Pet name:	
Approx. age:	
Breed:	
Microchip #:	
Body weight:	
Sex:	

Eyes
___ Normal
___ Abnormal

Ears
___ Normal
___ Abnormal

Teeth
___ Normal
___ Abnormal

Mucous membranes
___ Normal
___ Abnormal

Heart
___ Normal
___ Abnormal



Body score
___ Normal
___ Abnormal

Lungs
___ Normal
___ Abnormal

Musculoskeletal system
___ Normal
___ Abnormal

Lymph nodes
___ Normal
___ Abnormal

Skin
___ Normal
___ Abnormal

Other
___ Normal
___ Abnormal

NOTES:

Name of Vet: _____

Vet Signature _____