

MEDICAL HISTORY RECORD

SPECIES: _____
 BREED: _____ SEX: _____
 DATE REC: / / COLLAR #: _____
 SUPPLIER: _____ USDA #: _____

RECEIVING/INTAKE HEALTH EXAMINATIONS							
FEATURE	OK	NO	COMMENTS	FEATURE	OK	NO	COMMENTS
TEMPERATURE: 101-102 / NORMAL				NOSE	R I	/	
RECEIVING: •				MOUTH	R I	/	
RECEIVING: •				ABDOMEN	R I	/	
INTAKE: •				TESTICLES	R I	/	
HYDRATION	R I	/		PREPUCE/VULVA	R I	/	
RESPIRATION	R I	/		ANUS	R I	/	
HEART	R I	/		AGE	R I	/	
HAIRCOAT & SKIN	R I	/		TEMPERAMENT	R I	/	
EYES	R I	/		BREED QUALITY	R I	/	
EARS	R I	/					

INTAKE EXAMINATION SUMMARY

REJECT _____ () COMMENTS: _____ INTAKE STATUS:
 ACCEPT _____ () _____ () I - (ON SALE)
 SPECIAL DIET _____ () _____ () II - (OFF SALE)
 _____ () _____ () III - (OFF SALE/
 FECAL _____ () _____ ISOLATE)
 SKIN SCRAPING _____ () _____ () IV - (REJECTION)
 TREAT _____ () _____ _____
 ISOLATE _____ () _____ _____

[Signature]
 Receiving Examiner's Signature date

VETERINARIAN EXAMINATION RECORD			
DATE	STATUS	COMMENTS	SIGNATURE
/			
/			
/			
/			
/			
/			
/			

TREATMENT ORDERS										
date started	medication	dosage	X per day	treatment for	RE-CK	RE-CK	RE-CK	RE-CK	RE-CK	DATE

VACCINATION RECORD				
vaccine type	date	date	date	date

WORMING RECORD				
worming type	date	date	date	date