



“Senior Care Program Name” CANINE HEALTH REPORT CARD

Today’s Date: _____ Date of Last Exam: _____ Age _____ Sex _____ WT _____

Dog’s Name: _____ Owner’s Name: _____

Examining Veterinarian: _____ Date of Next Exam: _____

Weight Assessment

- Thin
 - Underweight
 - Ideal
 - Overweight
 - Obese
- Diet & Exercise _____

Mouth, Teeth, Gums

- Normal
 - Tartar Buildup
 - Broken Teeth
 - Gingivitis (Red Gums)
 - Periodontal Disease
- Other _____
Date last Dental Exam _____

Respiratory System

- Normal
 - Breathing Difficulty
 - Coughing
 - Nasal Discharge
- Other _____

Laboratory Tests

- CBC _____
 - Urinalysis _____
 - Fecal _____
 - Heartworm Exam _____
 - EKG _____
 - Pre-anesthetic Screen _____
- Other _____

Eyes

- Normal
 - L__ R__ Vision Changes
 - L__ R__ Discharge/Ulcer
 - L__ R__ Eye Pressure
- Other _____

Gastrointestinal System

- Normal
 - Diarrhea
 - Vomiting
 - Anal Sacs
- Other _____

Skin & Coat

- Normal
 - Itchy
 - Dull, Scaly, Dry
 - Oily
 - Shedding
 - Fleas
- Other _____

Ears

- Normal
 - Hearing Changes
 - Excessive Hair/Wax
 - Inflamed
 - Odor/Discharge
 - Mites
- Other _____

Urinary & Reproductive Systems

- Normal
 - Abnormal Urination
 - Mammary Mass
 - Urinary Tract Infection (UTI)
- Other _____

Musculoskeletal System

- Normal
 - Stiffness
 - Lameness
 - Arthritis
- Other _____

Heart

- Normal
 - Murmur
 - Arrhythmia
- Other _____

Central Nervous System

- Normal
 - Circling, Head Tilting
 - Ataxia (lack of coordination)
 - Disorientation
 - Behavior Changes
- Other _____

Recommendations: _____

Other Observations: _____

