Owner's Name:		Date:
Pet's Name:		
	EXAM WHILE BOAF	RDING FORM
Exam includes checking	ng:	 Body condition (such as weight) Lumps/masses Heart Lungs
Has your pet exhibited	any of the following recently? F	Please check all that apply:
Vomiting	Bad Breath	Skin Problems
Diarrhea	Increased Water Intake	Sneezing
Blood in Stool	Increased Urination	Coughing
Lethargy	Increased Appetite	Weight Loss
Tumor or Mass	Decreased Appetite	Weight Gain
Pain	Scratching	
Rabies Distemper	Canine Flu Anal Expression	Heartworm Preventative Flea/tick preventative
Bordetella.	Nail Trim	Other:
Leptospirosis	Feline Leukemia	Other:
Lyme	Heartworm/Lyme Test	Other:
Microscopic evalCleaning earsAspirating lumps	•	ation
•	e treatments for any of the absence are necessary, do we have ye called first?	·
>>> I agree to be final	ncially responsible for any ser	rvices performed as agreed upon above
Signature of Owner or	Responsible Party	