

Feline Physical Examination Record

Date: _____

Animal ID: _____

Sex: (circle one) Male Female

Reproductive status: spayed spay scar neutered intact
Other: _____

Estimated age: _____ Breed: (circle one) DSH DLH other: _____

Color and markings: _____

Scan for microchip: none found number: _____

Complete Physical Examination:

(circle normal or abnormal; if abnormal, circle all that apply and record any additional findings)

Temperature: _____

Body weight: _____ lbs.

Heart rate: _____

Body condition score (Purina scale): _____

Respiratory rate: _____

Medical photographs taken: (circle one) Yes No

Hydration status: normal dehydrated

5-6% 7-8% 9-10% >10%

ATTITUDE: bright/alert quiet/alert mildly lethargic/depressed markedly lethargic/depressed non-responsive

TEMPERAMENT/BEHAVIOR: bold/friendly shy/timid fractious unsocialized/feral

GENERAL CONDITION: good fair poor _____

EYES: normal abnormal

red cloudy watery mucus purulent/pus other: _____

EARS: normal abnormal

red malodorous pruritic/itchy mild ceruminous discharge marked ceruminous discharge

purulent discharge other: _____

ORAL: normal abnormal

Minor dental disease moderate dental disease severe dental disease other: _____

NOSE/THROAT: normal abnormal

mucus pus blood sneezing other: _____

PERIPHERAL LYMPH NODES: normal abnormal

HEART/LUNGS: normal abnormal

murmur referred upper airway sounds wheezes moist rales

ABDOMEN: normal abnormal

UROGENITAL: normal abnormal

lactating pregnant other: _____

MUSCULOSKELETAL: normal abnormal

INTEGUMENT: normal abnormal

alopecia papules pustules crusts scales fleas pruritic/itchy wounds

FEET: normal abnormal

Declawed overgrown nails other: _____

NEURO: normal abnormal

Additional Comments / Assessment:

Recommended Diagnostic Testing:

FeLV/FIV test fecal ear cytology skin scrape DTM CBC biochemical profile

Other: _____

Any conditions requiring treatment? _____

Referral to veterinary practice? (for what and in what time frame?) _____

Veterinarian's signature: _____ **print your name:** _____

Witnessed by: _____ **print your name:** _____