

# Medical Exam Assessment

Animal's Name \_\_\_\_\_

Date \_\_\_\_\_

ID # \_\_\_\_\_

Initials \_\_\_\_\_

**Veterinary Staff – Please complete this form following the medical exam.**

**\*Attach the form to animal's paperwork.**

Please rate responses from the choices below

5 = mellow and tractable

4 = easy to handle

3 = squirmy, but handleable

2 = struggles fiercely

1 = unable to handle due to aggression

**Reaction during medical exam** (circle appropriate score)

Restraint	5	4	3	2	1
Look into ears	5	4	3	2	1
Look in mouth	5	4	3	2	1
Blood draw	5	4	3	2	1
Receiving oral medication	5	4	3	2	1
Receiving injections	5	4	3	2	1
Physical Exam	5	4	3	2	1

**Comments:**