Entrance exam record

Office of the Campus Veterinarian
Washington State University
509-335-6246

Animal ID	Location
Species	P.I.
DOB	ASAF #
Gender	Source:
Date of Arrival	
Date of Exam	

GENERAL APPEARANCE **( )NORMAL ( )ABNORMAL**	**INTEGUMENTARY** **( )NORMAL ( )ABNORMAL**	**MUSCULOSKELETAL** **( )NORMAL ( )ABNORMAL**
CIRCULATORY **( )NORMAL ( )ABNORMAL**	**RESPIRATORY** **( )NORMAL ( )ABNORMAL**	**DIGESTIVE** **( )NORMAL ( )ABNORMAL**
GENITOURINARY **( )NORMAL ( )ABNORMAL**	**EYES** **( )NORMAL ( )ABNORMAL**	**EARS** **( )NORMAL ( )ABNORMAL**
NEURAL SYSTEM **( )NORMAL ( )ABNORMAL**	**LYMPH NODES** **( )NORMAL ( )ABNORMAL**	**TEETH** **( )NORMAL ( )ABNORMAL**

Temperature:	Pulse:	Respiration:	Weight:

PROBLEM LIST Initial Plan

1.	**Dx.**	**Rx.**
2.		
3.		
4.		

Clinician Signature _____

DATE	ANIMAL HEALTH CHART