

Pet Report Card

Bridletowne Warden Animal Hospital
Annual Physical/Consult

Pet's Name _____ Sex _____ Age _____ Weight _____ Date ____ / ____ / ____

Current Diet and Treats _____

1. General Appearance () Normal () Abnormal	2. Skin /Integument () Normal () Abnormal	3. Musculoskeletal () Normal () Abnormal	4. Circulatory () Normal () Abnormal
5. Respiratory () Normal () Abnormal	6. Digestive () Normal () Abnormal	7. Genitourinary () Normal () Abnormal	8. Eyes () Normal () Abnormal
9. Ears () Normal () Abnormal	10. Neural System () Normal () Abnormal	11. Lymph Nodes () Normal () Abnormal	12. Mucous Membranes () Normal () Abnormal

Owner Comments _____

Findings and Plans _____

Annual Wellness or Preventive Procedures

Rabies Vaccine () Done () Needed	Distemper Combo Vaccine () Done () Needed	Leukemia Vaccine () Done () Needed	Bordetella Vaccine () Done () Needed
Urine Screen () Done () Needed	Stool Test () Done () Needed	Heartworm Check () Done () Needed	Blood / Chemistries () Done () Needed
Thyroid Check () Done () Needed	Flea Prevention () Done () Needed	Dental Scaling () Done () Needed	Other: () Done () Needed

Recommended Diet _____

Other Advice _____

We advise your next visit _____

Where Wellness testing has been performed, we will call with any abnormalities as soon as possible (usually 24–48 hours). However you are welcome to inquire for confirmation. In all cases please call to confirm a normal Heartworm test prior to beginning your pet's preventive medications.

_____, DVM