General Workup (Mammals) TECH. INITIALS:___

Dr. Iturriaga D.V.M

Pet's Name: Owners' Last Name: Date:

History (Subjective):	
What problem(s) is/are your pet experiencing?	
When did the problem start?	
Is the problem the same, better, worse?	
Has a similar problem happened in the past?	
What medications being administered? If any.	
What brand of food do you feed your pet, how much and how often?	
Eating Changes? ☐ Increased ☐ Decreased	
Has your pet been vaccinated recently?	
Any weight loss?	
Any increase or decrease in water consumption?	
Any change in bowel movements?	
Any exposure to toxins?	
Where does your pet spend most of its time? ☐ Indoor ☐ Outdoor ☐ Both	
Does your pet live in a multi-pet household? ☐ Yes ☐ No	
Brought a stool sample? ☐ Yes ☐ No	
Want a nail trim or microchip? ☐ Nail trim ☐ Microchip	
Would you like your dog to be vaccinated for Lyme Disease or Influenza? ☐ Lyme Disease ☐ Influenza	
Any other medical history?	
Additional Notes:	
Email:	

For Doctor's Use Only Age: Previous Weight: Current Weight: Temperature:
HR: RR: PR: MM/CRT:

EXAM (Objective)
Body Condition Score:

Nose and Throat ☐ Normal ☐ Did Not Exam ☐ Abnormal Remarks: __	**Mouth/Teeth/Gum** ☐ Normal ☐ Did Not Exam ☐ Abnormal Remarks: __
Eyes and Ears ☐ Normal ☐ Did Not Exam ☐ Abnormal Remarks: __	**Coat and Skin** ☐ Normal ☐ Did Not Exam ☐ Abnormal Remarks: __
Lymph Nodes ☐ Normal ☐ Did Not Examine ☐ Enlarged Remarks: __ ☐ Abnormal Remarks: __	**Legs/Paws/Back** ☐ Normal ☐ Did Not Exam ☐ Nail Trim ☐ Abnormal Remarks: __
Nervous System ☐ Normal ☐ Did Not Examine ☐ Abnormal Remarks: __	**Heart and Lungs** ☐ Normal ☐ Did Not Examine ☐ Heart Murmur Grade __/VI Murmur Comments: __ ☐ Abnormal Remarks: __
GI Tract/Abdomen ☐ Normal ☐ Did Not Examine ☐ Abnormal Remarks: __	**Urinary and Genitals** ☐ Normal ☐ Did Not Examine ☐ Expressed Anal Glands ☐ Abnormal Remarks: __

Assessment:

Plan: