

Weekly Mini Checkup Form for DOG/CAT/RABBIT

Today's date: _____

Animal's name: _____ Type of animal: _____

Sex: M F Neutered: Yes No

Date of birth (month/year): _____ Animal's age: _____

Name & job title of staff member administering checkup:

Checkup

Overall physical body assessment (note any lumps, bumps, scratches, sores, odors, "hot spots," allergies, coat problems, fleas, ticks, etc.):

Ears: _____ Eyes: _____ Nose: _____ Mouth: _____

Paws: _____ Nails: _____ *Elimination issues: _____

(* If any problems, please describe in comment area, below.)

Care given (during week or during checkup)

Coat brushed: _____ Teeth brushed: _____ Ears cleaned: _____

Nails trimmed: _____ Weight taken: _____ Last bath given: _____

Medications currently administered: _____ When: _____

Other prescribed care administered: _____

Overall disposition (depressed, dull, worried, fearful, distressed, alert, eager, bright, engaged, etc.):

Other comments