

Medical Exam Assessment

Animal's Name _____

Date _____

ID # _____

Initials _____

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

***Attach the form to animals 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: