

Edmonds Veterinary Hospital

Adult Canine Health Assessment

Pets Name _____ Age _____ Today's Date _____

Please check the option that best applies; circle small print if applicable

Eyes/Vision

- No changes
- Discharge
- Blinks/squints
- Appear 'blue' or cloudy
- Other _____

Ears/Hearing

- No changes
- Odor
- Drooping
- Scratching ears or head shaking
- Other _____

Oral Hygiene

- No odor
- Odor mild/strong
- I can see plaque/tartar
- Can't chew well; food falls out of mouth
- Paws mouth or licks lips
- Other _____

Limbs

- Gets around well
- Limping occasional/frequently
- Difficulty or no longer jumps
- Other _____

Heart/Respiratory Health

- Seems to breath fine and is active
- Coughing or wheezing sound
- Loss of Stamina, tires easily
- Open mouth breathing
- Other _____

Urinary Health

- No problems noted
- Loss of housetraining
- Wet spots on bed when rises
- Urination increased/decreased
- Other _____

Internal Systems

- I haven't noticed anything different
- Increased drinking
- Vomiting occasional/often
- Stool Consistency hard/firm/soft
- Weight loss or gain
- Other _____

Skin/Haircoat

- Good, soft, glossy coat
- Losing Hair
- Dull coat
- Skin dry/flakey/oily/odor
- Scratches frequently
- Other _____

Appetite

- Good
- Eats a little less
- Poor
- Other _____

Behavior

- Tolerance nipping/biting
- Digging or Excessive Barking
- Follows basic commands-sit/stay/come
- Other _____

Exercise

- Walking/Jogging-How often _____
- Swims-How often? _____
- Fetching games-How often? _____
- No planned activities

Nutrition and Body Condition

- Food _____
- I think my pet is overweight
- I think my pet is underweight
- I think my pet is about the right weight
- I am interested in a nutritional plan at no charge

Do you Routinely Treat your pet for fleas and internal parasites? Yes No