



Pet Assessment

Date: _____

Pets Name: _____ Breed/Type: _____

Age: _____ Weight: _____ lbs/kg Spayed/Neutered: Yes No

Take vitals over a 6 week period, the 1st week starts on the date this form is initially started

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Heart Rate						
Breathing rate						
Temperature						

Capillary Refill time is under 2 seconds: Yes No Date abnormal: _____

Pupillary response is equal: Yes No Date abnormal: _____

Gum color: is normal pink and/or black Yes No Date abnormal: _____

Urine is normal: Yes No Date abnormal: _____

Feces is normal: Yes No Date abnormal: _____

Behavior normal: Yes No Date abnormal: _____

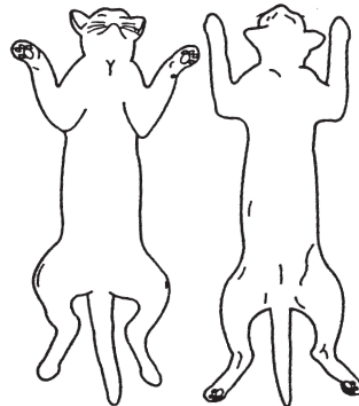
Gait/Stride normal: Yes No Date abnormal: _____

Notes:

Use body illustrations below to mark any abnormalities. Be certain to document date, size and location. Note lumps and bumps, note if they are attached/detached, hard/soft, or warm



Dog Abnormalities



Cat Abnormalities