American Animal Hospital Association
Small Companion Animal Wellness Clinic at
WSU Veterinary Specialty Care & Teaching Clinic

Admission Date:

Admitting Clinician

Admitting Student

Weight _____/lbs. _____kgs.

Temp _____°F

Pulse _____ BPM

BP _____

Respiration _____/M.

Capillary Refill Time _____/S

Membrane Color _____

Hydration _____

Attitude _____

Body Condition: Overweight O Underweight O Normal O

Pregnant: Yes O No O Uncertain O

Lactating: Yes O No O

CHECK APPROPRIATE BOX/SYSTEM. DESCRIBE ABNORMAL FINDINGS BELOW BY SYSTEM/#

	N	ABN	No Exam		N	ABN	No Exam
A. General Appearance	O	O	O	H. Reproductive	O	O	O
B. Integumentary	O	O	O	I. Mammary	O	O	O
C. Ophthalmic	O	O	O	J. Urinary	O	O	O
D. Otic	O	O	O	K. Nervous	O	O	O
E. Musculoskeletal	O	O	O	L. Alimentary	O	O	O
F. Cardiovascular	O	O	O	M. Lymphatic	O	O	O
G. Respiratory	O	O	O				

Pain Assessment (circle one)	0	1	2	3	4	5	6	7	8	9	10
	No Pain					Moderate					Severe

Clinician's Signature

Student's Signature

N=Normal ABN=Abnormal No Exam=Not Examined

05/01/09