

WASHINGTON STATE UNIVERSITY  
VETERINARY TEACHING HOSPITAL  
OUTPATIENT/RECHECK

Admission Date:

Discharge Date:

Time:

Clinician: \_\_\_\_\_

Student: \_\_\_\_\_

**HISTORY:**

**PHYSICAL  
EXAMINATION:**

		N	ABN	No Exam		N	ABN	No Exam
Weight _____ lbs _____/kgs	A. General Appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	H. Reproductive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temp _____ °F	B. Integumentary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I. Mammary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulse _____ BPM	C. Ophthalmic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	J. Urinary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiration _____ M	D. Otic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	K. Nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Membrane Color: _____	E. Musculoskeletal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	L. Alimentary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	F. Cardiovascular	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	M. Lymphatic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	G. Respiratory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				

**SUBJECTIVE:**

**OBJECTIVE:**

**ASSESSMENT:**

**PLAN:**

**RESULTS:**

**DIETARY RECOMMENDATIONS:**

\_\_\_\_\_  
Clinician's Signature

\_\_\_\_\_  
Student's Signature

N=Normal ABN=Abnormal No Exam=Not Examined

Prognosis (circle one):    Good    Fair    Guarded    Grave

**OUTPATIENT/RECHECK**