Veterinary exam form CAT

Examination requested by ☐ owner ☐ insurance company ☐ other **For reason** ☐ Insurance ☐ Sale/transfer of ownership ☐ Other

OWNER

Name	Phone/mobile phone
Street name and no	Zip-code, town, country

DESCRIPTION OF CAT

Name of the cat	Date of birth	Sex ☐ male ☐ female	Neutered ☐
Breed	Colour/pattern		
Reg.no	ID-number		

CLINICAL OBSERVATIONS

1 General condition, body condition, size	2 Disposition	3 Skin, paws/claws	4 Palpable lymph nodes	5 Eyes	6 Ears	7 Mouth, teeth, throat
General condition ☐ Lowered condition **Body condition, size** ☐ Overweight ☐ Underweight	☐ Reserved ☐ Scared ☐ Aggressive	**Skin** ☐ Rash ☐ Dandruff ☐ Vermin ☐ Itching **Paws/claws** ☐ Changes	☐ Enlarged all over ☐ Locally enlarged	☐ Conjunctivitis ☐Left ☐Right ☐ Entropion ☐Left ☐Right ☐ Ektropion ☐Left ☐Right ☐ Corneal injury ☐Left ☐Right	☐ Otitis ☐ Left ☐ Right ☐ Acute ☐ Chronic	☐ Tartar ☐ Tooth fracture ☐ Gingivitis ☐ Throat not examined
☐ Other	☐ Other	☐ Other	☐ Other	☐ Other	☐ Other	☐ Other
☐ No remark	☐ No remark	☐ No remark	☐ No remark	☐ No remark	☐ No remark	☐ No remark

8 Abdomal organs, abdominal palaption	9 Circulatory system	10 Respiratory system	11 Outer genital organs	12 Locomotion		
☐ Umbilical hernia ☐ Inguinal hernia ☐ Enlarged prostate	☐ Murmur ☐ Signs of heart failure	☐ Nasal discharge ☐ Noise at auscultation	☐ Chryptorchid ☐ Abnormal testicle size ☐ Discharge ☐ Mammary tumor	☐ Lameness ☐ Movement disorder ☐ Muscle atrophy	☐ Soreness in flexion/extension of ☐ Shoulder ☐Left ☐Right ☐ Elbow ☐Left ☐Right ☐ Knee ☐Left ☐Right ☐ Hip ☐Left ☐Right ☐ Other joints ☐Left ☐Right	☐ Soreness during palpation of back ☐Yes ☐No ☐ Patella luxation ☐Yes ☐No ☐ Kinked tail ☐Yes ☐No ☐ Tail defect ☐Yes ☐No
☐ Other	☐ Other	☐ Other	☐ Other	☐ Other	☐ Other	☐ Other
☐ No remark	☐ No remark	☐ No remark	☐ No remark	☐ No remark	☐ No remark	☐ No remark

Explanation for remarks above

GENERAL STATEMENT

Signed

Valid 7 days after issuance

Place	Veterinarian
Date	

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