

RECORD OF MILITARY DOG PHYSICAL EXAMINATION

SECTION I - GENERAL

1. MILITARY DOG UNIT <i>(Name and address)</i>		2. NAME OF ANIMAL AND TATTOO NO.		3. DATE OF EXAMINATION			
4. EXAMINING FACILITY AND ADDRESS			5. PURPOSE OF EXAMINATION <input type="checkbox"/> SEMIANNUAL <input type="checkbox"/> PCS <input type="checkbox"/> OTHER <i>(Specify)</i>				
6. BREED		7. COLOR		8. SEX		9. AGE <i>(Months - years)</i>	
IMMUNIZATIONS <i>(Most recent date only)</i>		10. RABIES		11. DISTEMPER		12. HEPATITIS	12. LEPTOSPIROSIS

SECTION II - CLINICAL EVALUATION

14. TEMPERATURE		15. PULSE <i>(Rate)</i>		16. RESPIRATION <i>(Rate)</i>		17. WEIGHT
18. GENERAL APPEARANCE <i>(To include observed temperament, attitude and behavior)</i>						

NOR- MAL	Check (X) each item in appropriate column; enter "NE" if not evaluated.	ABNOR- MAIL	Describe each abnormality to include significant history, if any. Place appropriate number before each comment. Continue in item 37 and on reverse if necessary.
	19. EYES <i>(Motion; prominence; tension; lids; conjunctivae; sclerae; corneas; anterior chambers; irides - pupil size, shape, reaction; fundi; vision)</i>		
	20. EARS <i>(Position; pinnae; canals - appearance, discharge, mites, tympanna; hearing)</i>		
	21. NOSE <i>(Appearance; pad; discharge; nasal cavities)</i>		
	22. MOUTH <i>(Breath; color of oral mucous membranes; lips, tongue; gingivae - color, recession, hyperplasia; palate. Use item 38 for teeth)</i>		
	23. PHARYNX <i>(Palate; tonsils; uvula)</i>		
	24. HEAD AND NECK <i>(Position; lymph nodes; larynx; trachea - induced cough; thyroid; veins - pulsation)</i>		
	25. WITHERS AND BACK <i>(Deformities; position; swelling; tenderness; muscle spasm)</i>		
	26. THORAX <i>(Shape; respiratory movement; swellings; pulsations)</i>		
	27. LUNGS <i>(Resonance; sounds)</i>		
	28. HEART <i>(Sounds - rate, rhythm, character, intensity, murmurs; pulse - rate, character, intensity)</i>		
	29. ABDOMEN <i>(Size; shape; tension; tenderness; peristalsis; spleen; kidneys; liver; bladder; masses; hernias)</i>		
	30. MAMMARY GLANDS <i>(Size; consistency; masses; teats)</i>		
	31. LEGS AND FEET <i>(Position; deformities; tenderness; musculature; lymph nodes; edema; local swelling; joints; reflexes, nails; pads)</i>		
	32. SKIN <i>(Color; texture; moisture; lesions; parasites; haircoat)</i>		
	33. MALE GENITALIA <i>(Prepuce; penis; scrotum; testicles; epididymes; cords)</i>		
	34. FEMALE GENITALIA <i>(Vulva; vagina)</i>		
	35. ANUS AND RECTUM <i>(Anal orifice; anal sacs; masses; prostate)</i>		
	36. LOCOMOTION <i>(Gait; lameness; paresis)</i>		

37. NOTES AND SIGNIFICANT HISTORY (Continued from items 19 - 36)

38. DENTAL EXAMINATION (Circle missing teeth; place "X" over defective teeth and describe all defects, including presence or absence of pulp exposure)

R H T	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	L E F T
	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	

SECTION III - LABORATORY AND RADIOGRAPHIC PROCEDURES

39. CHECK THOSE PROCEDURES PERFORMED AS PART OF THIS EXAMINATION; SEE REPORTS FILED IN RECORD FOR RESULTS.

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> WBC | <input type="checkbox"/> OTHER CHEMISTRY | <input type="checkbox"/> OTHER LAB PROCEDURES |
| <input type="checkbox"/> HEMATOCRIT | <input type="checkbox"/> URINALYSIS | <input type="checkbox"/> PELVIC RADIOGRAPH |
| <input type="checkbox"/> HEMOGLOBIN | <input type="checkbox"/> URINALYSIS MICROFILARIA | <input type="checkbox"/> OTHER RADIOGRAPHS |
| <input type="checkbox"/> BUN | <input type="checkbox"/> FECAL | |

SECTION IV - SUMMARY

40. SUMMARY OF DEFECTS AND STATEMENT OF FITNESS FOR DUTY. INCLUDE DIAGNOSES BASED ON ANY LABORATORY AND RADIOGRAPHIC PROCEDURES. (Continue on reverse if necessary)

41. TYPED OR PRINTED NAME OF EXAMINING VETERINARIAN

42. SIGNATURE