

ACC Name _____

Inventory # _____

Date _____

Cage # _____

Age _____ >6 yrs CBC/chem _____

CVT _____

Breed _____

Sex _____

PAWS INTAKE CHECKLIST

Woods test/Alopecia/Crust: Negative/Positive

Vaccine Stickers:

_____ FeLV/FIV: _____/_____

or

_____ HW: Negative/Positive

_____ BCS: 1 2 3 4 5

CVT PHYSICAL EXAM

Rank 1-5 in severity and contact for review/Mark N if no abnormal findings

_____ General movement/Lameness/Neurologic...ROM joints

_____ Eyes...corneas clear, pupils even, discharges, squinting

_____ Ears...chronic proliferative, odor

_____ Nose...ulceration, discharges

_____ Oral/Teeth/Gums...tartar: dental/possible extractions, ulcers, gum color

_____ Skin...matting, poor condition

_____ Ln...major lymphadenopathy

_____ Masses, including mammary

_____ Heart/Lung...heart murmurs, harsh breathing, tracheal sensitivity

_____ Perineal...diarrhea, abnormal anatomy

Transfer _____

Declined _____

Pending/reason _____

COMMENTS: