

Medical Re-Assessment Form

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|---|----------------------------|----------------------------|-----------------------------|---|------------|------------|---------|
| Animal ID (Shelter assigned): | | | | Date: | | | |
| Reason for reassessment: | | | | | | | |
| Animal Description | | | | | | | |
| Species: | | Breed: | | Gender: M <input type="checkbox"/> F <input type="checkbox"/> MC <input type="checkbox"/> FS <input type="checkbox"/> | | | |
| Coat length: SH <input type="checkbox"/> MH <input type="checkbox"/> LH <input type="checkbox"/> | | Coat color: | | Age: juvenile (<6mo) <input type="checkbox"/> adult <input type="checkbox"/> | | | |
| Unusual Markings/Scars: | | | | | | | |
| Temperament: Bold/friendly <input type="checkbox"/> Shy/timid <input type="checkbox"/> Fractious <input type="checkbox"/> Unsocialized/feral <input type="checkbox"/> Other <input type="checkbox"/> | | | | | | | |
| Appetite: | | Bowel Movements: | | | Urination: | | |
| Physical Exam Findings | | | | | | | |
| Veterinarian (print last name): | | | | Technician (print last name): | | | |
| Attitude: Bright/alert <input type="checkbox"/> Quiet/alert <input type="checkbox"/> Lethargic/depressed <input type="checkbox"/> Moribund <input type="checkbox"/> Other <input type="checkbox"/> | | | | | | | |
| Weight (lb): | | Temp (°F): | | Pulse (/min): | | RR (/min): | MM/CRT: |
| N = Normal A = Abnormal NE = Not Examined | | | | Notes | | | |
| Body Condition | 1 | 2 | 3 | 4 | 5 | 6 | 7 8 9 |
| Hydration Status: | N <input type="checkbox"/> | A <input type="checkbox"/> | NE <input type="checkbox"/> | | | | |
| Skin: | N <input type="checkbox"/> | A <input type="checkbox"/> | NE <input type="checkbox"/> | | | | |
| EENT: | N <input type="checkbox"/> | A <input type="checkbox"/> | NE <input type="checkbox"/> | | | | |
| Cardiovascular: | N <input type="checkbox"/> | A <input type="checkbox"/> | NE <input type="checkbox"/> | | | | |
| Respiratory: | N <input type="checkbox"/> | A <input type="checkbox"/> | NE <input type="checkbox"/> | | | | |
| Gastrointestinal: | N <input type="checkbox"/> | A <input type="checkbox"/> | NE <input type="checkbox"/> | | | | |
| Musculoskeletal: | N <input type="checkbox"/> | A <input type="checkbox"/> | NE <input type="checkbox"/> | | | | |
| Nervous System: | N <input type="checkbox"/> | A <input type="checkbox"/> | NE <input type="checkbox"/> | | | | |
| Genitourinary: | N <input type="checkbox"/> | A <input type="checkbox"/> | NE <input type="checkbox"/> | | | | |
| Lymph Nodes: | N <input type="checkbox"/> | A <input type="checkbox"/> | NE <input type="checkbox"/> | | | | |
| Medications/injections administered during examination: | | | | | | | |
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| Other Findings: | | | | | | | |
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| Problem List: | | | | | | | |
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| Working Diagnosis: | | | | | | | |
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| Diagnostics: | | | | | | | |
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| Plan: | | | | | | | |
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| Monitor <input type="checkbox"/> Start new treatment <input type="checkbox"/> Transfer for intensive care <input type="checkbox"/> _____ Move to other location within shelter <input type="checkbox"/> _____ | | | | | | | |
| Other <input type="checkbox"/> : | | | | | | | |
| Prescribed medications for administration in the shelter (Treatment Sheet created/updated <input type="checkbox"/>): | | | | | | | |
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| Veterinarian (signature): | | | | License #: | | | |