# Medical Re-Assessment Form

**Animal ID (Shelter assigned):**

**Date:**

**Reason for reassessment:**

## Animal Description

**Species:**

**Breed:**

**Gender:**

- M
- F
- MC
- FS

**Coat length:**

- SH
- MH
- LH

**Coat color:**

**Age:**

- juvenile (<6mo)
- adult

**Unusual Markings/Scars:**

**Temperament:**

- Bold/friendly
- Shy/timid
- Fractious
- Unsocialized/feral
- Other

**Appetite:**

**Bowel Movements:**

**Urination:**

## Physical Exam Findings

**Veterinarian (print last name):**

**Technician (print last name):**

**Attitude:**

- Bright/alert
- Quiet/alert
- Lethargic/depressed
- Moribund
- Other

**Weight (lb):**

**Temp (°F):**

**Pulse (/min):**

**RR (/min):**

**MM/CRT:**

<table>
<thead>
<tr>
<th>N = Normal</th>
<th>A = Abnormal</th>
<th>NE = Not Examined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Condition</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Hydration Status</td>
<td>N</td>
<td>A</td>
</tr>
<tr>
<td>Skin</td>
<td>N</td>
<td>A</td>
</tr>
<tr>
<td>EENT</td>
<td>N</td>
<td>A</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>N</td>
<td>A</td>
</tr>
<tr>
<td>Respiratory</td>
<td>N</td>
<td>A</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>N</td>
<td>A</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>N</td>
<td>A</td>
</tr>
<tr>
<td>Nervous System</td>
<td>N</td>
<td>A</td>
</tr>
<tr>
<td>Genitourinary</td>
<td>N</td>
<td>A</td>
</tr>
<tr>
<td>Lymph Nodes</td>
<td>N</td>
<td>A</td>
</tr>
</tbody>
</table>

**Medications/injections administered during examination:**

**Other Findings:**

**Problem List:**

**Working Diagnosis:**

**Diagnostics:**

**Plan:**

- Monitor
- Start new treatment
- Transfer for intensive care
- Move to other location within shelter
- Other

**Prescribed medications for administration in the shelter (Treatment Sheet created/updated):**

**Veterinarian (signature):**

**License #:**