

# Puppy Evaluation

BREED \_\_\_\_\_

COLOR \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

BODY CONDITION SCORE 1 2 3 4 5 6 7 8 9

IDEAL

WEIGHT (pounds) \_\_\_\_\_

## CARDIOVASCULAR

	Yes	No	Grade
Heart Murmur			
General Condition	_____		

## SKIN AND COAT

	Yes	No
Fleas/Ticks		
Alopecia		
Signs of Infection		
General Condition	_____	

## EYES

	Yes	No
Abnormal Discharge		
Vision Problems		
Eyelash Disorders		
Cherry Eye		
Entropion		

## MOUTH, TEETH, GUMS

	Yes	No	Size
Malocclusion			
Overbite/Underbite			
General Condition	_____		

## MUSCULOSKELETAL

	YES	NO	Grade
Umbilical Hernia			
Inguinal Hernia			
Hip Pain			
Open Fontanelle			
Patellar Luxation			

Additional Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Breeder/Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Puppy ID/Microchip

## OVERALL CONDITION

MALE      FEMALE

Gender 

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	NORMAL	ABNORMAL
Temperature (F)		
Pulse (BPM)		
Respiratory Rate		

Additional Notes \_\_\_\_\_

## RESPIRATORY SYSTEM

	YES	NO
Coughing/Congestion		
Stenotic Nares		

General Condition \_\_\_\_\_

## EARS

	YES	NO
Abnormal Debris/Discharge		
Ear Mites		
Signs of Infection		

General Condition \_\_\_\_\_

## UROGENITAL

	YES	NO	TOO YOUNG
Redundant Vulva			
Cryptorchid			

## Relevant Medical History:

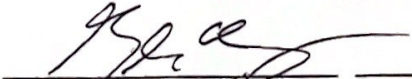
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