

Performing a Physical Examination Checklist

Date _____ Technician _____

- General Appearance
 - B.A.R./Q.A.R
 - Timid/Outgoing
 - Lameness
 - Normal/Abnormal
 - Comments _____
- Nose
 - Discharge- Clear/Colored
 - Skin Color
 - Integrity-Moist/Dry
 - Wounds
 - Comments _____
- Eyes
 - Conjunctiva-White/Red/Yellow
 - Discharge-Clear/Discolored/Mucus
 - Lids-open/Blepharospasm/Entropion/Ectopic cilia/Masses
 - Lens- Clear/Cloudy
 - Use an Otoscope to examine the eardrum
 - Comments _____
- Ears
 - Color-Red/Pink/White/Yellow
 - Odor- Normal/Abnormal
 - Discharge-None/White and Creamy/Black and Greasy/Black Coffee Grounds/Green and or Yellow
 - Pinna-Normal/Ulcerated/Crusty/Red/Thickened/Masses
 - Comments _____
- Mouth
 - Lips-Color/Irritation/Drooling/Odor/Masses
 - Teeth-Plaque/Cracks/Broken/Missing/Odor
 - Gums-Pink/Red/White/Masses
 - Tongue-Pink/Red/Pale/Blue/Purple/Masses
 - Throat-Tonsils-Size
 - Odor/Foreign Bodies/Masses
 - Comments _____
- Cranial Lymph Nodes
 - Mandibular/Prescapular/Axillary
 - Size/Shape/Texture
 - Comments _____

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