

# MAESSR Foster Dog Veterinary Check Sheet

Dog's Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Please have your Veterinarian examine your foster dog in the areas listed below. He/she may use own form if desired.

<b>1. General Appearance</b> <input type="checkbox"/> Bright <input type="checkbox"/> Quiet <input type="checkbox"/> Alert, responsive <input type="checkbox"/> Stressed <input type="checkbox"/> Other: _____	<b>7. Genitourinary</b> <input type="checkbox"/> Appears normal <input type="checkbox"/> Enlarged Prostate <input type="checkbox"/> Testicular tumors <input type="checkbox"/> Mammary Tumors <input type="checkbox"/> Cryptorchid <input type="checkbox"/> Abnormal urination
<b>2. Integumentary</b> <input type="checkbox"/> Appears normal <input type="checkbox"/> Dull, dry <input type="checkbox"/> Scaly <input type="checkbox"/> Yeast infection <input type="checkbox"/> Rash <input type="checkbox"/> Matted <input type="checkbox"/> Tumors <input type="checkbox"/> Bacterial infection <input type="checkbox"/> Fleas <input type="checkbox"/> Warts	<b>8. Eyes</b> <input type="checkbox"/> Appears normal <input type="checkbox"/> Discharge L R <input type="checkbox"/> Infection L R <input type="checkbox"/> Lenticular Sclerosis <input type="checkbox"/> Cataract <input type="checkbox"/> Conjunctivitis
<b>3. Musculoskeletal</b> <input type="checkbox"/> Appears normal <input type="checkbox"/> Lameness (LF, RF, LR, RR) <input type="checkbox"/> Arthritis <input type="checkbox"/> Ruptured ACL L R <input type="checkbox"/> Muscle atrophy <input type="checkbox"/> Umbilical hernia <input type="checkbox"/> Inguinal hernia	<b>9. Ears</b> <input type="checkbox"/> Appears normal <input type="checkbox"/> Wax L R <input type="checkbox"/> Hair L R <input type="checkbox"/> Infection L R <input type="checkbox"/> Mites L R <input type="checkbox"/> Tumor L R
<b>4. Circulatory</b> <input type="checkbox"/> Appears normal <input type="checkbox"/> Murmur <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Fast <input type="checkbox"/> Slow <input type="checkbox"/> Muffled heart sounds	<b>10. Neural System</b> <input type="checkbox"/> Appears normal <input type="checkbox"/> Nystagmus <input type="checkbox"/> Seizures <input type="checkbox"/> Behavioral problem
<b>5. Respiratory</b> <input type="checkbox"/> Appears normal <input type="checkbox"/> Increased lung sounds <input type="checkbox"/> Sneezing <input type="checkbox"/> Labored breathing <input type="checkbox"/> Rapid respirations <input type="checkbox"/> Congestion <input type="checkbox"/> coughing	<b>11. Lymph nodes</b> <input type="checkbox"/> Appears normal <input type="checkbox"/> Enlarged
<b>6. Digestive</b> <input type="checkbox"/> Appears normal <input type="checkbox"/> Abdominal mass <input type="checkbox"/> Excessive gas <input type="checkbox"/> Abnormal feces <input type="checkbox"/> Tooth abscess <input type="checkbox"/> Calculus <input type="checkbox"/> Vomiting <input type="checkbox"/> Ascites (Fluid) <input type="checkbox"/> Oral tumor <input type="checkbox"/> Broken/Missing teeth	<b>12. Mucous membranes</b> <input type="checkbox"/> Appears normal <input type="checkbox"/> Pale <input type="checkbox"/> Tacky/Dry <input type="checkbox"/> Inflamed

**Comments:**

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**Prescriptions:**

Interceptor

Frontline

Other

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**\*Required Vaccinations/Tests:**

\*If no written proof of, or due within one month of visit, have vaccines/tests done at this time.

- Rabies
- DHLPP
- Bordatella
- HW/Erlichea/Lymes test *or* Heartworm test
- Fecal test
- Spay/neuter

**Microchip #** \_\_\_\_\_

Use MAESSR provided microchip **ONLY**

- Veterinarian inserted
- Foster home inserted
- Microchipped by shelter or previous owner

Attach all available medical records including proof of testing and vaccinations to this form and place in Pooch Pouch for adopting family.