

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.

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

Comments:

Prescriptions:

Interceptor
 Frontline
 Other

***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
- Urinalysis

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.