

Annual Health Check – Date:



Name	Age	Weight	Body Condition	Ideal Weight
Diet		Recommendations		
Vaccine Due		Microchip checked		
Insured	Company		Lifetime/Annual Policy	

Body Systems		
Cardiovascular	Heart Rate	
	Rhythm	
	Pulse Quality	
Digestive	Appetite	
	Drinking	
	Palpation	
Respiratory	Coughing/Wheezing	
	Resp Rate	
	Effort	
Eyes	External	
	Internal	
Mouth	Gums	
	Teeth	
	- Tartar	
	- Missing	
Coat/Skin	Condition	

Musculo-skeletal

Flea / Worming / Ticks

Recommendations
Treatment:
Clinics / Further Health Checks:
Recheck