

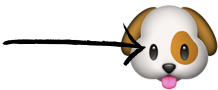
Veterinary Exam Checklist

Pet Name: _____

Circle the type of animal:



Are these body parts ok?



EYES

YES

NO



EARS

YES

NO



NOSE

YES

NO



HEART

YES

NO



PAWS

YES

NO



TAIL

YES

NO



CUTE

YES

NO

I promise to help love and take care of my pet
for his or her whole life!

Your Name: _____ Your Veterinarian: _____