**Lynden Veterinary Clinic**

**Kony House, Ngong Road,**

**Off Karen near Zambia Stage**

**P.O. Box 61433-00200**

**Nairobi, Kenya**

**E-MAIL:** lyndenvetclinic@gmail.com

**Tel: 0202402588**

**Cell: 0721263135/0721440966**

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 **EXAMINATION FORM**

**Date…………………. Pet Name……………………… Complaint……………….…………**

**PARAMETERS**

Weight………………………………………………………………………………………………..

Temperature………………………………………………………………………………………..

Mucous Membrane………………………………………………………………………………..

Heart Rate…………………………………………………………………………………………..

Reinvation Rate…………………………………………………………………………………….

Demeanor……………………………………………………………………………………………

Hair Coat/Skin…………………………………………………………………………………….

Gait……………………………………………………………………………………………………

Others………………………………………………..………………………………………………

**DIFFERENTIAL DIAGNOSIS**

**SAMPLES TAKEN**

**RESULTS**

**DIAGNOSIS**

**TREATMENT**

**RECOMMENDATIONS VET DR/CLINICIAN**