**Lynden Veterinary Clinic**

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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**