

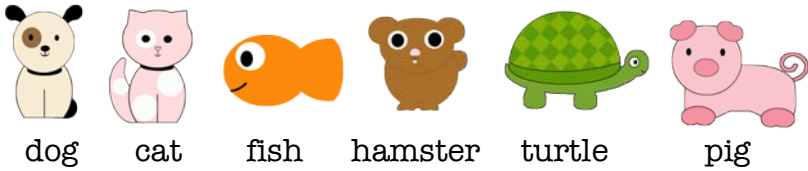


Veterinarian's Checklist



Pet name _____

Circle the type of animal:



Are these body parts ok?

Ears	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eyes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nose	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paws	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tail	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Circle how you will fix it:

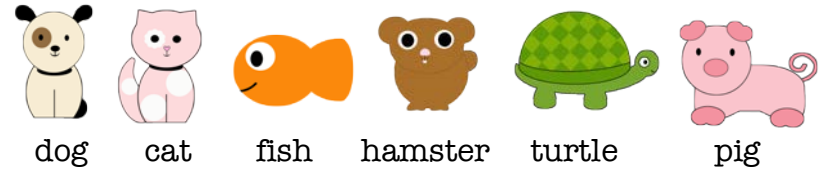


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Paws	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tail	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Circle how you will fix it:




Place Photo Here

Veterinarian 

Name _____

Age _____



Veterinarian

Name _____

Age _____

Place Photo Here

Place Photo Here

Veterinarian 

Name _____

Age _____