

# Ace Canine Auction Veterinary Exam Form

Applicant's name (Dog owner)	
Physical address	
Mailing address	
City, State, Zip	
Phone	
Email	

Below this line should be filled out by the veterinarian.

Veterinarian's name	
Business name	
Physical address	
Mailing address	
City, State, Zip	
Phone	
Email	
Fax	

Date of exam		Sex	
Animal name		Micro chip#	
Breed			

How long have you been the veterinarian for this animal?	
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Please give a brief history of any major surgery and/or treatment for disease or injury you have on this dog listed during the last year.

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Please check Yes or No for the following questions.	YES	NO
Do both eyes of the dog appear clinically normal without drainage?		
Do the lungs and heart sounds fall within normal range?		
Does the hair coat appear to be smooth and shiny?		
Have you examined the dog without the aid of chemical restraint?		
Do the feet appear to have normal growth?		
Are there any signs of lameness or incoordination?		
If No to any of the above, please give details.		
Does there now exist, or has there recently been any infectious disease in the animals area?		
Does the animal have any history or evidence of liver flukes?		
Does this animal have any physical deformities, disease or infection?		
Does the animal examination show any symptoms of previous sickness, disease or injury?		
Is the animal routinely wormed or vaccinated?		
Does the animal receive any other medications?		
Does the animal exhibit any respiratory or circulatory distress?		
Is the animal pregnant? If yes, give the expected birth below.		
If the animal is a breeding animal, to your knowledge is there any history of gestation, lactation, or parturition problems?		
If Yes to any of the above, Please give details.		
Veterinarian's signature		Date