

VET APPOINTMENT SUMMARY

Date: ____ / ____ / 20____

PET NAME:

CLINIC:

SPECIES/BREED:

VETERINARIAN:

WEIGHT

TEMPERATURE

HEART RATE

BODY SCORE (1-9)

Category

Findings & Observations

Reason for Visit

Physical Exam

Eyes, Ears, Dental, Coat

Vaccinations/Tests

Administered today

Medications

Dosage & Frequency

Follow-up Date

Provider Signature