



# VGA - PHYSICAL EXAMINATION OF DOGS AND CATS

Please take this form for your veterinarian to complete for your pet's physical examination

Pet's Name \_\_\_\_\_ Date of Birth / Age \_\_\_\_\_ M F

Breed \_\_\_\_\_ Registration name and No: \_\_\_\_\_

Microchip Number \_\_\_\_\_ Scanned Y / N (Please circle)

Breeders Details: \_\_\_\_\_

Primary Owner's Name \_\_\_\_\_

Home Address \_\_\_\_\_

State \_\_\_\_\_ Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Previous Medical or Family History: \_\_\_\_\_

**Please record ONLY ABNORMALITIES you think may be relevant by filling the headings below.**

**General appearance:** Any asymmetry  Other  \_\_\_\_\_

**Body condition:** Please indicate only if score is below 4 (BCS = 1-9)  \_\_\_\_\_

**Mentation:** Depressed  uncontrolled hyper-excitability  Cognitive deficits  other  \_\_\_\_\_

**Posture and gait:** Limping  Ataxia  abnormal limb placement  Other  \_\_\_\_\_

**Nose / Ears:** abnormality  \_\_\_\_\_

**Eyes:** size  position , lids , conjunctiva  sclera  pupil  cornea  lens  other  \_\_\_\_\_

**Mucous membrane color & CRT:** Abnormality  \_\_\_\_\_

**Oral cavity:** Lips  teeth  hard and soft palate  tongue  pharynx  tonsils  \_\_\_\_\_

**Trachea / Nose:** cough  swelling  other  \_\_\_\_\_

**Heart Auscultation:** Arrhythmia  \_\_\_\_\_ Murmur  \_\_\_\_\_ (grade 1-6)

**Respiratory rate, effort and character:** Abnormal  \_\_\_\_\_

**Abdomen:** distention  deformity  displacement  herniation  palpation  \_\_\_\_\_

**Male:** prepuce and penis  testicles symmetry, size, location, and conformation  \_\_\_\_\_

**Female:** mammary glands  vulva size & structural defects  \_\_\_\_\_

**Limbs & Joints:** abnormal angulations  deformities  joint luxations  range of motion  atrophy   
knuckling  crepitus  weakness  Other  \_\_\_\_\_

**Neurological :** Other abnormality  \_\_\_\_\_

**Skin, Coat & Lymph Nodes:** alopecia , masses  dryness , excessive oil , matting,  other \_\_\_\_\_

**Behavior- Please Circle:** Gentle / Social Fearful / Possible Caution Aggressive / Feral



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OTHER HEALTH ISSUES / CONCERNS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Veterinarian's Name \_\_\_\_\_ Clinic Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Please provide this form to the animal owner or breeder. You are encouraged to retain a copy for your record*

*Disclaimer: Please note that this form is in no way a guarantee that the animal examined is free of genetic disease. It is a mere indication of the physical examination findings on the day of the examination and other developmental conditions may still be present. To the extent permitted by law, The signed disclaims and will not be accountable for any and all warranties, either express or implied, including but not limited to any warranty regarding performance, the implied warranty of merchantability, fitness for a particular purpose and health with respect to the above report. This disclaimer shall be read subject to any statutory provision which applies to supply of the Veterinary Genetic Assurance Program (VGA) to you and any term condition, warranty and obligation which cannot be excluded or modified. To the extent permitted at law, The undersigned excludes all liability (including all losses, damages, costs and expenses of whatever nature and any indirect and consequential losses, economic losses or any loss of profit, loss of opportunity, loss of savings, loss of interest or otherwise) to you regardless of the nature of the claim, whether in contract, negligence (or any other tort), breach of statutory obligation or otherwise arising from this report.*