**Veterinary Examination for transfer to private ownership**

**Exam date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Animal ID:** | **Age:** |
| **Species:** | **Brand/Tattoo/Microchip #:** |
| **Breed:** | **Weight:** |
| **Sex:**  M M(C) F F(S) |  |
| **Color & Markings:** | |
|  | |
| **VACCINATION HISTORY:** | |
|  | |
|  | |
|  | |
| **MEDICAL/BEHAVIORAL INFORMATION:** | |
| |  |  |  | | --- | --- | --- | | GENERAL APPEARANCE  WITHIN NORMAL LIMITS: Y / N | INTEGUMENTARY  WITHIN NORMAL LIMITS: Y / N | MUSCULOSKELETAL  WITHIN NORMAL LIMITS: Y / N | | CIRCULATORY  WITHIN NORMAL LIMITS: Y / N | RESPIRATORY  WITHIN NORMAL LIMITS: Y / N | DIGESTIVE  WITHIN NORMAL LIMITS: Y / N | | GENITOURINARY  WITHIN NORMAL LIMITS: Y / N | EYES/EARS  WITHIN NORMAL LIMITS: Y / N | BEHAVIOR  WITHIN NORMAL LIMITS: Y / N | | NEURAL SYSTEM  WITHIN NORMAL LIMITS: Y / N | LYMPH NODES  WITHIN NORMAL LIMITS: Y / N | ORAL CAVITY  WITHIN NORMAL LIMITS: Y / N | | |
| **NOTES:** | |
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| **Statement of suitability:** | |
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**Veterinarian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Veterinarian name & department (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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