**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:**  |
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|  |
|  |
| **MEDICAL/BEHAVIORAL INFORMATION:**  |
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|  |  |  |
| --- | --- | --- |
| GENERAL APPEARANCEWITHIN NORMAL LIMITS: Y / N | INTEGUMENTARYWITHIN NORMAL LIMITS: Y / N | MUSCULOSKELETALWITHIN NORMAL LIMITS: Y / N |
| CIRCULATORYWITHIN NORMAL LIMITS: Y / N | RESPIRATORYWITHIN NORMAL LIMITS: Y / N | DIGESTIVEWITHIN NORMAL LIMITS: Y / N |
| GENITOURINARYWITHIN NORMAL LIMITS: Y / N | EYES/EARSWITHIN NORMAL LIMITS: Y / N | BEHAVIORWITHIN NORMAL LIMITS: Y / N |
| NEURAL SYSTEMWITHIN NORMAL LIMITS: Y / N | LYMPH NODESWITHIN NORMAL LIMITS: Y / N | ORAL CAVITYWITHIN NORMAL LIMITS: Y / N |

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| **NOTES:** |
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| **Statement of suitability:**  |
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**Veterinarian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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