Pet's name:_____

Type of Pet: _____ Date of Birth: _____

Items to be checked	Outstanding	Satisfactory	Needs improvement	Comments
Eyes:				
Ears:				
Nose (Beak):				
Teeth:				
Hair, Coat or Skin:				
Legs:				
Muscles:				
Weight (Body condition):				
Boy or Girl Parts:				
Tummy:				
Feet/Nails:				
Heart:				
Lungs:				

Veterinarian: _____ Phone: _____