

Silver Penn Sales Auction Pre-Purchase Exam

(Must completed within 25 days of the date of the sale)



Exam Date: ____/____/____

Examiner: _____ Phone: _____

Examiner Address: _____

Owner Name & Address: _____

Alpaca Name: _____ Micro-Chip: _____ ARI: _____

DOB: ____/____/____ Color: _____ Sex: _____

Pertinent Medical History/Surgery: _____

Vital Signs:

Temperature	_____	(normal 99-101.5 F)
Pulse Rate	_____	(normal 60-90 beats/min.)
Respiratory Rate	_____	(normal 10-30 beats/min.)
Fecal Pellets:	Normal _____ Loose _____	Body Score (1-10) _____
Last Wormed	____/____/____ with _____	Last Vaccinated ____/____/____ with _____

Stature for Age: Small _____ Medium _____ Large _____ Weight _____

Eyes: Entropion _____ Ectropion _____ Laceration _____ Tearing _____ Corneal Opacity _____
Cataract _____ Dilated Pupil _____ Constricted Pupil _____ Evidence of Blindness _____

Ears: Movement _____ Normal Shape _____ Discharge _____

Lips & Nose: Lesions _____ Nasal Discharge _____ Nostrils Does air move through both nostrils? _____

Teeth/Bite: Bite: Okay _____ Under _____ Over _____ Condition of Incisors _____
Broken or Missing Teeth _____

Cardiovascular: Sounds _____ Arrhythmia _____ Murmur _____ Notes _____

Pulmonary: Auscultation _____ Notes _____

Digestive System: Palpation of Abdomen _____ Describe Eating _____

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Integument: Fiber: Strong _____ Weak _____ Broken _____ Brightness/Luster Yes No
Skin Flaking: Yes No Skin Tumors: Yes No Tail: Kinked _____ Twist _____
Hernias: Umbilical _____ Scrotal _____

Females: Vulva Conformation _____ Discharge _____ Notes _____
Vaginoscopic Exam _____ Notes _____
Mammary Gland _____ Number of Teats _____
Ultrasound Exam or Blood Test results (if breeding female) _____ Date ____/____/____
No. of Offspring _____ History of Dystocia: Yes No Deformed Crias Yes No
Digital Exam _____ Result _____

Males: Palpation of Sheath _____ Discharge _____ Testicle Palpation: Yes No
Size of testicles: right _____ cm left _____ cm Size for Age _____
Breeding History _____ No. of Offspring _____ Deformed Crias Yes No

Musculoskeletal: Way of Moving (at walk) _____ Front Limbs _____ Side View _____
Rear _____
History of Meningeal Yes No Meningeal Prevention _____ Date ____/____/____

Examiner Signed: _____ **DVM State and License No.:** _____