

Label	The Bergh Memorial Animal Hospital of the ASPCA 424 E 92nd Street, New York, N.Y. 10128 (212) 876-7700 Doctor _____ Date / /
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Medical Evaluation of Humane Law Enforcement Seizure

Medical History

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Exam	T	P	R	Weight	#
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Behavior - Assess strength, activity and interaction with people and animals

Sensorium	N Abn	Integ.	N Abn	Ears	N Abn	Heart	N Abn	MuscSkel	N Abn
Pain	Yes No	L. nodes	N Abn	Nose	N Abn	Lungs	N Abn	Neurol.	N Abn
Hydration	N Abn	Eyes	N Abn	Mouth	N Abn NE	Abdomen	N Abn	Urogen.	N Abn

Body Condition: Ideal (1) Underweight/Lean (2) Thin (3) Very Underweight (4) Emaciated (5)

Sex F, FS, M, MN, Male Cryptorchid

Age (estimate) Consistent with history? Y N If no, explain (e.g., dentition, growth plate

closure, nuclear sclerosis, general appearance)

Record abnormal findings below

If this is a cat, is the cat declawed? front paws yes no, hind paws yes no

Assessment

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Plan

Basic Wellness Screen (Dog) <input type="checkbox"/>	Super Feline Profile (Cat) <input type="checkbox"/>	Fecal O&P/G <input type="checkbox"/>
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Urine collection method _____ **Microchip scan** Neg Pos _____ (#)

Rabies / / **DHPP** / / **B. bronch** / / **Lepto** / / **FVRCP** / /