



**Missouri Department of Agriculture
Animal Care Program
Animal Care Examination List**

Date: _____

Completed By Registrant/Licensee							For Veterinarian Use Only						
#	Animal Identification	Description (Breed, Color, etc)	Gender	Age/DOB	Acquisition Date	Disposition Date	Heart Rate		Respiratory Rate		Palpation		Sound for Breeding
							Normal	Abnormal	Normal	Abnormal	Normal	Abnormal	
			<input type="checkbox"/> F <input type="checkbox"/> M				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y N
Vet Notes:													
			<input type="checkbox"/> F <input type="checkbox"/> M				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y N
Vet Notes:													
			<input type="checkbox"/> F <input type="checkbox"/> M				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y N
Vet Notes:													
			<input type="checkbox"/> F <input type="checkbox"/> M				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y N
Vet Notes:													
			<input type="checkbox"/> F <input type="checkbox"/> M				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y N
Vet Notes:													
												Complete Total of Animals Examined:	

Animal Care Examination List (continuation form)

Date: _____

Completed By Registrant/Licensee							For Veterinarian Use Only						
#	Animal Identification	Description (Breed, Color, etc)	Gender	Age/DOB	Acquisition Date	Disposition Date	Heart Rate		Respiratory Rate		Palpation		Sound for Breeding
							Normal	Abnormal	Normal	Abnormal	Normal	Abnormal	
			<input type="checkbox"/> F <input type="checkbox"/> M				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y N
Vet Notes:													
			<input type="checkbox"/> F <input type="checkbox"/> M				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y N
Vet Notes:													
			<input type="checkbox"/> F <input type="checkbox"/> M				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y N
Vet Notes:													
			<input type="checkbox"/> F <input type="checkbox"/> M				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y N
Vet Notes:													
			<input type="checkbox"/> F <input type="checkbox"/> M				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y N
Vet Notes:													
			<input type="checkbox"/> F <input type="checkbox"/> M				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y N
Vet Notes:													
			<input type="checkbox"/> F <input type="checkbox"/> M				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y N
Vet Notes:													