



FE 1646, 838 83 Frösön 0775-88 88 88, +46 8 588 421 00

Examination	Who? Purpose Sale						Sale/Transfer
requested by	Owner	Agria (	Other			Insurance new owner	
Owner details	Surname, firstname Insurance number						
	Residential address			Country		Postcode	
Animal details	Name  Breed  Animal Other  Dog Cat Bird			Date of birth		Sex	Neutered
						ID-/Registration number	
				Colour and special markings		l arkings	
Clinical observations	1 General condition	2 Temperament	3 Skin, haircoat	4 Palpable lymphnodes	5 Eyes	6 Ears	7 Mouth cavity, teeth, and throat
	Good Poor Overweight Emaciated Other	Reserved Aggressive Normal Other	Normal Red Rash Papules Pustules Tumours Sores Hair loss Dandruff Parasite Infection Other	Generally enlarged Locally enlarged Normal Other	Conjunctivitis  L R  Entropion  L R  Ectropion  L R  Mucous membranes not normal  Mucous membranes normal  Normal  Other	Red Otitis L R Acute Chronic Swollen Exudate Normal Other	Normal Calculus Fractured tooth/teeth Gingivitis Tonsillitis Bite abnormality Malocclusion Other
	8 Abdominal organs, paipation, and rectal examination	9 Circulatory system	10 Respiratory system	11 Reproductive system	12 Musculature, tendons, paws, and claws	13 Skeletal system, ligaments, and manipulation af joints	
	Umbilical hernia Tenderness on palpation Prostate enlarged No rectal examination Normal Inguinal hernia Other	Heart murmur Signs af heart insufficiency Normal Other	Normal Pos, cough reflex Spontaneous coughing Nasal discharge Abnormal sounds on auscultation Normal breathing Abnormal breathing Other	Normal Cryptorchid Abnormal testicle size l.r. Testicular tumour(s) Preputial discharge Vaginal discharge Mammary tumour(s) False pregnancy Other	Well muscled General atrophy Local atrophy Tenderness in paws Claw discomfort Lame yes no Pododermatitis Furunculosis Normal Other	Discomfort on flexing shoulder elbow knee hip other joints Tenderness on palpations of spine yes no Normal	Patellar luxation  yes no Kinked tail yes no Other
	Explanation of the note above:						
	Animal currently on medical treatment:						
	To the best of the signatory's knowledge, the animal has previously undergone examination or/treatment for:						
	By X-ray, ECG, ultrasound, or had a comprehensive eye examination. Results:						
	General impression/comments			Valid 7 days from the examination			
Signature	Place and date  Veterinary surgeon's stamp, clinic address, telephone, e-mail						
	Veterinary surgeon's signature			-			