

Start Date: _____ End Date: _____

Attach Photo of Pet & Owner Here

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Pet Tech Snout-To-Tail Worksheet®

Pet's Name: _____ Owner's Name: _____ Vet Phone: (____) _____

Breed: _____ Age: _____ Weight: _____ lb/kg Altered Yes No

NOTES

	Pulse Rate	Breathing Rate	Temperature	Capillary Refill	Gum Color	Urine	Fecal
Week/Day1 _____							
Week/Day2 _____							
Week/Day3 _____							
Week/Day4 _____							
Week/Day5 _____							

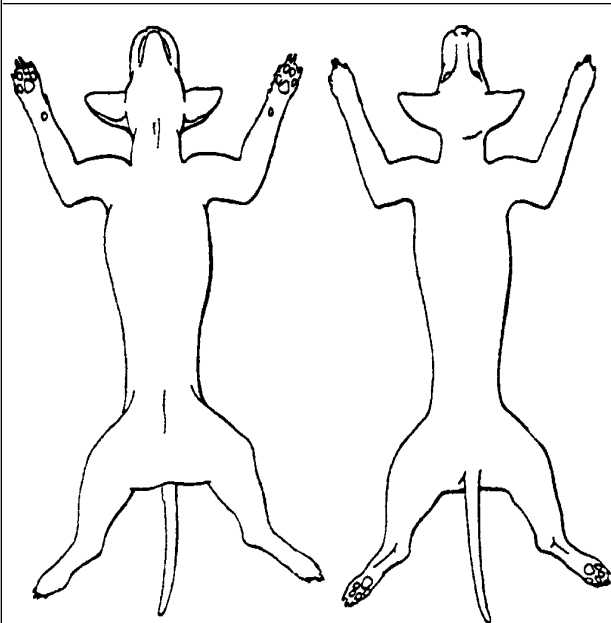
Actions To Take: _____

Things To Watch: _____

"The Snout-To-Tail Assessment is a systematic and deliberate method for evaluating and knowing the immediate status of your pet's everyday health. It is important to understand your pet's normal physical conditions so you can quickly recognize what is not normal for your pet. Detailed records help you to identify any gradual or sudden changes in the status of your pet's health."

Thom Somes, "The Pet Safety Guy"

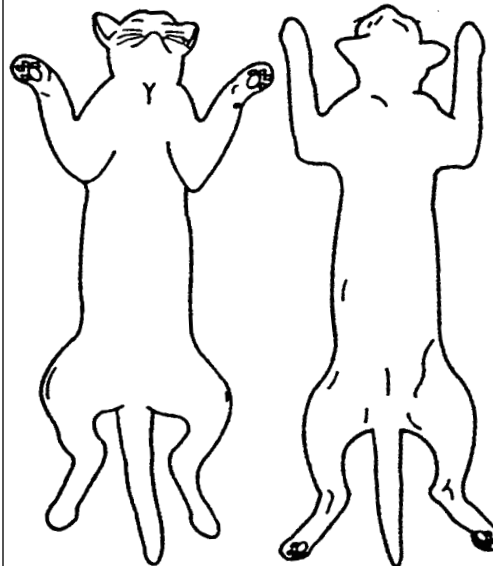
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Canine Bottom

Canine Top

- Snout
- Head
- Mouth
- Teeth & Gums
- Eyes
- Ears
- Neck
- Spine
- Ribs
- FR-leg
- FL-Leg
- BR-Leg
- BL-Leg
- Abdomen
- Genitals
- Anal Area
- Tail
- Hair & Coat



Feline Bottom

Feline Top

Check All That Apply: Any Changes Put In Notes

Quality of Coat: Healthy Dry Hair Loss

Eyes: Healthy Clear Hazy Discharge

White Red Yellow _____

Diet: Raw Commercial/Brand _____

Amount _____ Frequency _____

Exercise: Couch Potato

Moderate High Working

Daily Weekly

Supplements: No Yes Type/Dose _____

Grooming: Self Professional Weekly Monthly

Obedience: Self-Trained Professionally Trained

Sits Stays Comes

Daycare: Pet Sitter Doggie Daycare

Vaccinations Current: Yes No

Record Taker Signature _____