

VGA - PHYSICAL EXAMINATION OF DOGS AND CATS

Please take this form for your veterinarian to complete for your pet's physical examination

| Pet's Name | Date of Birth / Age | M_F | |
|---|--|-----|--|
| Breed | Registration name and No: | | |
| Microchip Number | Scanned Y / N (Please circle) | | |
| Breeders Details: | | | |
| Primary Owner's Name | | | |
| Home Address | | | |
| State | Suburb Postcode | | |
| Phone Number | Email Address | | |
| Previous Medical or | Family History: | | |
| Please record ONLY | ABNORMALITIES you think may be relevant by filling the headings below. | | |
| General appearan | ce: Any asymmetry Other | | |
| Body condition: P | lease indicate only if score is below 4 (BCS = 1-9) | | |
| Mentation: Depres | sed □ uncontrolled hyper-excitability □ Cognitive deficits □ other □ | | |
| Posture and gait: | _imping □ Ataxia □ abnormal limb placement □ Other □ | | |
| Nose / Ears: abnor | mality 🗆 | | |
| Eyes: size□ positi | on□, lids□, conjunctiva □ sclera□ pupil□ cornea□ lens□ other□ | | |
| Mucous membran | e color & CRT: Abnormality □ | | |
| Oral cavity: Lips□ | teeth □ hard and soft palate □ tongue□ pharynx □ tonsils□ | | |
| Trachea / Nose: co | ough □ swelling □ other □ | | |
| Heart Auscultation | n: Arrhythmia 🗆 Murmur 🗅(grade 1-6) | | |
| Respiratory rate, effort and character: Abnormal | | | |
| Abdomen: distention | on□ deformity□ displacement □ herniation□ palpation□ | | |
| Male: prepuce and | penis □ testicles symmetry, size, location, and conformation □ | | |
| Female: mammary glands □ vulva size & structural defects □ | | | |
| Limbs & Joints : abnormal angulations□ deformities□ joint luxations□ range of motion□ atrophy□ | | | |
| k | nuckling□ crepitus□ weakness □ Other □ | | |
| Neurological : Oth | er abnormality □ | | |
| Skin, Coat & Lymr | oh Nodes: alopecia□, masses□dryness□, excessive oil□, matting, □ other | | |



| OTHER HEALTH ISSUES / CONCERNS | | | |
|--------------------------------|-------------|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Print Veterinarian's Name | Clinic Name | | |
| Address | Phone | | |
| Signature | Date: | | |
| | | | |

Please provide this form to the animal owner or breeder. You are encouraged to retain a copy for your record

Disclaimer: Please note that this form is in no way a guarantee that the animal examined is free of genetic disease. It is a mere indication of the physical examination findings on the day of the examination and other developmental conditions may still be present. To the extent permitted by law, The signed disclaims and will not be accountable for any and all warranties, either express or implied, including but not limited to any warranty regarding performance, the implied warranty of merchantability, fitness for a particular purpose and health with respect to the above report. This disclaimer shall be read subject to any statutory provision which applies to supply of the Veterinary Genetic Assurance Program (VGA) to you and any term condition, warranty and obligation which cannot be excluded or modified. To the extent permitted at law, The undersigned excludes all liability (including all losses, damages, costs and expenses of whatever nature and any indirect and consequential losses, economic losses or any loss of profit, loss of opportunity, loss of savings, loss of interest or otherwise) to you regardless of the nature of the claim, whether in contract, negligence (or any other tort), breach of statutory obligation or otherwise arising from this report.