

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: _____

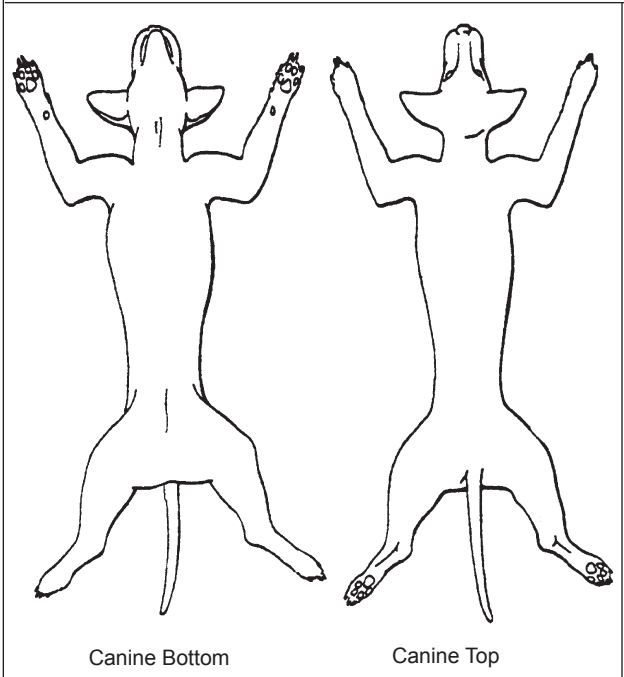
Things To Watch: _____

"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"

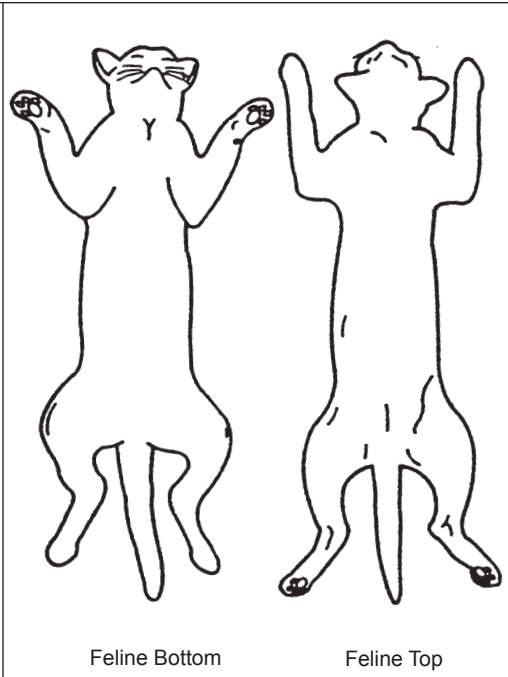


Check All That Apply: Any Changes Put In Notes

- 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



- 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



Record Taker Signature _____