

Field Officer Health Checklist

Officer #: _____ Name: _____ Date: _____
Time of Pickup: _____

Animal Number or Animal Description: _____

Microchip #/Tattoo: _____

Overall Assessment:

Single underline = automatic vet Double underline = conditional vet UTC = unable to check

1. **Overall appearance:** Bright, Alert, Responsive Quiet, Alert, Responsive Dull & Depressed
 2. **Initial Behavioral Assessment:** Aggressive Calm Fearful Fractious Friendly
 3. **Hydration (Skin Turgor Test):** Normal (< 2sec.) Abnormal (>2sec.)
 4. **Capillary Refill Test (CRT):** UTC Normal (< 2sec.) Abnormal (> 2sec.) White/cyanotic
 5. **Body Condition Score:** _____ / 9 (less than 3)
 6. **Musculoskeletal:** Normal Asymmetry Lameness Not weight bearing
 7. **Skin:** Normal Fleas/ticks Open wound/sore
 8. **Coat:** Normal Some loose matting Severely matted (needs immediate grooming)
 9. **Airway:** Breathing quietly Panting Open mouth breathing (cats) after 5 min.
 10. **Ears:** UTC Clean & clear Red & swollen Discharge Foul odour Painful Bleeding
 11. **Eyes:** Clean & clear Clear discharge Pus/mucus Red/irritated Swollen Bleeding/Enucleated
 12. **Nose:** Clean & clear Clear discharge Pus/mucus Blood (dried) Unstoppable bleeding
 13. **Abdomen:** UTC Normal Enlarged Severe pain Bloat Pregnancy
 14. **Urogenital:** UTC Female Male Two testicles Discharge Foul odour Blood
- *for cats, a history of not urinating or straining to urinate is a medical emergency.**

Additional Notes:
