

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

Record Taker Signature _____

| | | | | |
|----------------------|-------------------|--------------|----------------------|-------------------|
| <p>Canine Bottom</p> | <p>Canine Top</p> | Snout | <p>Feline Bottom</p> | <p>Feline Top</p> |
| | | Head | | |
| | | Mouth | | |
| | | Teeth & Gums | | |
| | | Eyes | | |
| | | Ears | | |
| | | Neck | | |
| | | Spine | | |
| | | Ribs | | |
| | | FR-leg | | |
| | | FL-Leg | | |
| | | BR-Leg | | |
| | | BL-Leg | | |
| | | Abdomen | | |
| Genitals | | | | |
| Anal Area | | | | |
| Tail | | | | |
| Hair & Coat | | | | |