

Puppy Examination Check List

Date of Exam:

Breed: Maltese

Sex:

Date of Birth:

Color: White w/Black Points

Weight:

Name of Puppy:

Heart and Lungs: Normal Yes No Comments:	Fontanel: Open Closed Comments:	Knees: Able to Luxate: Yes No Comments:
Abdomen: Hernias Yes No Comments:	Ears: Normal Yes No Comments:	Eyes: Normal Yes No Comments:
Testicles: Descended Yes No Comments:	Bite: Scissors Level Under Comments:	Hair and Skin Normal Yes No Comments:
Shots to date: Date: _____ Date: _____	Fecal/Deworming: Yes No Comments:	If Applicable: Heartworm test Yes No Bile Acid test Yes No Flea/tick preventative Yes No

Other comments:

I have examined the above-mentioned puppy and find it to be healthy with no apparent signs of defect or infectious disease.

Signature of Veterinarian