

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"

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### 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 \_\_\_\_\_

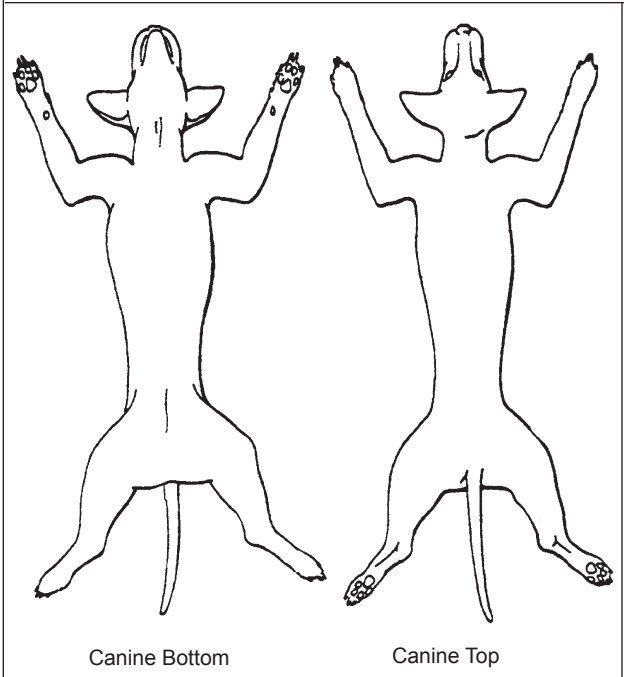
Grooming:  Self  Professional  Weekly  Monthly

Obedience:  Self-Trained  Professionally Trained  
 Sits  Stays  Comes

Daycare:  Pet Sitter  Doggie Daycare

Vaccinations Current:  Yes  No

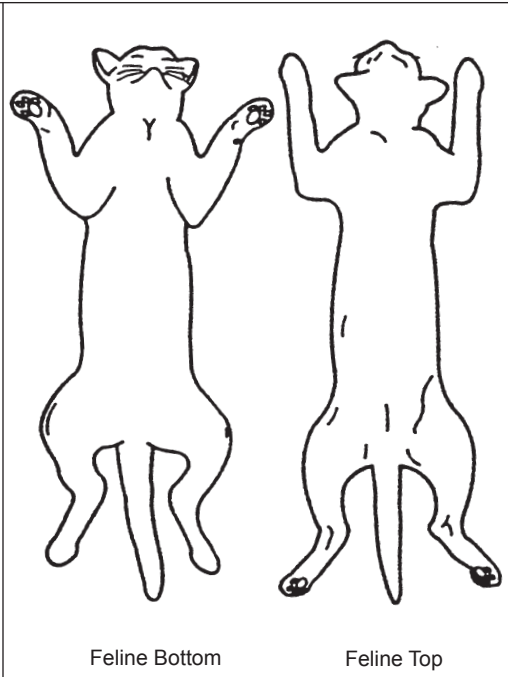
Record Taker Signature \_\_\_\_\_



Canine Bottom

Canine Top

- 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



Feline Bottom

Feline Top