Name: _____ DOB: _____

Sex: M N-M F S-F

Date	_____	_____	_____	_____	_____	_____	_____
Weight	_____	_____	_____	_____	_____	_____	_____
Eyes	_____	_____	_____	_____	_____	_____	_____
Ears	_____	_____	_____	_____	_____	_____	_____
Chin/Molars	_____	_____	_____	_____	_____	_____	_____
Incisors/gums	_____	_____	_____	_____	_____	_____	_____
Nails	_____	_____	_____	_____	_____	_____	_____
Scent folds	_____	_____	_____	_____	_____	_____	_____
Hocks	_____	_____	_____	_____	_____	_____	_____
Grooming	_____	_____	_____	_____	_____	_____	_____
Coat Cond	_____	_____	_____	_____	_____	_____	_____
Muscle Tone	_____	_____	_____	_____	_____	_____	_____

Comments:

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