

Health Assessment: Article 7 Seized Dog

Dog Name (if known): _____ Date: _____

Location Found: _____

Pick up time: _____ Drop off time : _____ Exam time: _____

Description of Dog (Breed, Sex, Color): _____

DCO/Officer name: _____

Contact information (phone number): _____

YES NO

Did you see or do you suspect dog was hit by car?		
Are there any obvious wounds, blood present on the dog, or active bleeding?		
Have you observed any blood in stool, urine, or vomit?		
Has the dog vomited?		
Is the dog having trouble breathing?		
Have you observed any coughing, sneezing, or discharge from the nose?		
Is there any swelling anywhere?		
Is there any significant limp or walking abnormality?		
Have you observed any seizures or are they mentally abnormal?		
Is the stomach bloated?		
Did the dog receive any emergency medical care/ was there reason to believe there was an imminent risk to the animal's life?		

If you responded yes to any of the following please provide further details below:

Signature _____

Date _____