



NeuroWebVet Examination Form

**Signalment**

Pet Name: \_\_\_\_\_  
Gender: \_\_\_\_\_ neutered? y/n \_\_\_\_\_  
Breed: \_\_\_\_\_  
Age: \_\_\_\_\_  
Owner name: \_\_\_\_\_

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**History**

History:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current medications:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diet:  
\_\_\_\_\_

Living conditions: indoor, indoor/outdoor, outdoor: \_\_\_\_\_

Current problem:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Physical Exam**

Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ Weight: \_\_\_\_\_ Body condition: \_\_\_\_\_  
Hydration status: \_\_\_\_\_  
  
Head: \_\_\_\_\_ Mouth/Teeth \_\_\_\_\_ Mammary/Genitals: \_\_\_\_\_ Lymph  
Nodes: \_\_\_\_\_ Chest/lungs: \_\_\_\_\_ Heart/Pulse: \_\_\_\_\_ Abdomen: \_\_\_\_\_

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**Neurologic Exam**

**Observations**

Mental Status: \_\_\_\_\_ Head posture: \_\_\_\_\_

Body posture: \_\_\_\_\_ Gait: \_\_\_\_\_

**Cranial Nerves**

Olfaction: \_\_\_\_\_ Menace: \_\_\_\_\_

Visual fields (cotton ball test) : \_\_\_\_\_

Describe PLR: \_\_\_\_\_

Facial sensation: \_\_\_\_\_

Jaw closure and strength: \_\_\_\_\_

Facial motor: \_\_\_\_\_ Nystagmus: \_\_\_\_\_

Strabismus: \_\_\_\_\_ Hearing: \_\_\_\_\_

Gag/swallow: \_\_\_\_\_ Tongue movement: \_\_\_\_\_

**Posture/Reflexes**

Conscious proprioception: \_\_\_\_\_

Hopping: \_\_\_\_\_

Anal/perianal: \_\_\_\_\_

Patellar reflexes: \_\_\_\_\_

Flexion: \_\_\_\_\_

Awareness of pain stimulus: \_\_\_\_\_

Cutaneous trunci reflex: \_\_\_\_\_

Muscle atrophy? : \_\_\_\_\_

Hyperesthesia? : \_\_\_\_\_

Rectal palpation and tone: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_