



NeuroWebVet Examination Form

Signalment

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

History

History:

Current medications:

Diet:

Living conditions: indoor, indoor/outdoor, outdoor: _____

Current problem:

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: _____

