



Biewer Breed Club of America, Inc. (BBCA) Puppy Wellness Exam Form



Please print clearly. Fill in all sections completely.

Owner Name _____ Phone _____
Address _____ City/State/Zip _____

Puppy Information

Call-Name _____ Sex : M F DOB _____ ID/Microchip# _____

Registered Name _____

Rabies _____ Bordetella _____ Vaccinations Type/Date _____

Physical Exam

Weight _____ lb. Temp. _____ °F Pulse _____ bpm Resp. Rate _____ bpm MM/CRT _____ / _____

BCS (1-9): _____ Hydration(adequate/marginal/inadequate): _____ Temperament: _____

FECAL EXAM Negative
 Roundworm Whipworm Coccidia Giardia
 Hookworm Tapeworm Blood Diarrhea
 Other _____

SKIN Normal
 Hot Spots Fleas Mites Ringworm
 Tumor/Cyst Demodex Sarcoptes
 Other _____

CARDIOVASCULAR Normal
 Murmur Grade _____ Arrhythmia
 Other _____

LYMPH NODES Normal
 Other _____

GENITOURINARY/GASTROINTESTINAL Normal
 Other _____

ORAL Normal
 Papillomas Overbite Underbite
 Other _____

EYES Normal
 Conjunctivitis Glaucoma Cataracts
 Other _____

EARS Normal
 Yeast Mites Other _____

RESPIRATORY Normal
 Infection Other _____

MUSCULOSKELETAL Normal
 Knees Grade _____ Other _____

NERVOUS Normal
 Other _____

BLOODWORK One of the following blood tests must be performed on puppy before leaving the breeder.

Liver Enzyme Test Normal Abnormal **OR** Bile Acid Serum Test Results: Pre _____ Post _____

Puppy overall health condition : Poor Fair Good Excellent

Other Comments _____

Print Veterinarian's Name _____

Veterinarian's Signature X _____ Date _____

Clinic Name _____ Phone () _____

Clinic Address _____