

**Form H**  
**PHYSICAL EXAMINATION**

Rehabilitation Center \_\_\_\_\_

Date \_\_\_\_\_ Otter # \_\_\_\_\_ Tag # \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Length \_\_\_\_\_

**Examination**

Medical Condition \_\_\_\_\_

Fur Condition \_\_\_\_\_

Head \_\_\_\_\_

Chest \_\_\_\_\_

Abdomen \_\_\_\_\_

Forelimbs \_\_\_\_\_

Hindlimbs \_\_\_\_\_

Genitalia \_\_\_\_\_

Wounds and Lesions \_\_\_\_\_

Other Observations \_\_\_\_\_

Veterinarian's Signature \_\_\_\_\_