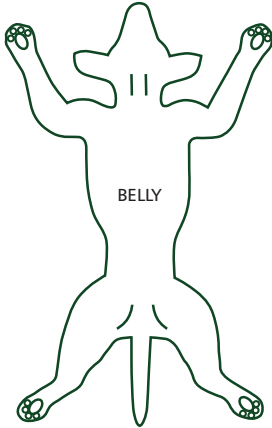




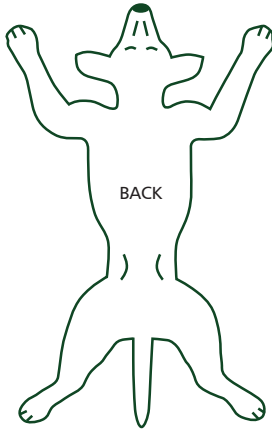
3 POINT SKIN CHECK

CUSTOMER NAME PHONE

DATE PET NAME



BELLY



BACK

1 EYES LEFT / RIGHT / BOTH

- DISCHARGE REDNESS SORENESS
- OTHER

CURRENTLY USING:

2 EARS LEFT / RIGHT / BOTH

- SMELL DISCHARGE WAXINESS
- DISCOMFORT OTHER

CURRENTLY USING:

3 PART A: FLEAS

- FLEAS FLEA DIRT OTHER

AREAS AFFECTED:

CURRENTLY USING:

PART B: SKIN

- RASHES REDNESS MOISTURE
- STAINING WELTS/LUMPS OTHER

AREAS AFFECTED:

CURRENTLY USING:

CURRENT DIET:

FOLLOW UP REQUIRED: Y/N

FOLLOW UP BY:

NOTES

TEN POINT ITCH SCALE

0 1 2 3 4 5 6 7 8 9 10

NOT ITCHY (PLEASE CIRCLE) VERY ITCHY

VET NURSE

SIGNATURE

