



# 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. **Also a copy of the bloodwork results need to be included with this form.**

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 \_\_\_\_\_

Please mail completed forms to: Liza Morffiz, BBCA Health Dept., 19348 NW 14<sup>th</sup> St. ,  
Pembroke Pines, Florida, 33029 email:[lmorffiz@msn.com](mailto:lmorffiz@msn.com)