Ruff Haven Intake Checklist

Owner _____
Pet Name _____
Date _____
Intake By _____

Weight

Date _____ _____ lbs
Date _____ _____ lbs
Date _____ _____ lbs
Date _____ _____ lbs
Date _____ _____ lbs

Coat and Skin

- ☐ Normal
- ☐ Dry/Flaky
- ☐ Matted
- ☐ Hair Loss
- ☐ Parasites
- ☐ Lumps
- ☐ Skin Lesions

Eyes

- ☐ Normal
- ☐ Pus/Mucus L _____ R _____
- ☐ Red/Irritated L _____ R _____
- ☐ Swollen L _____ R _____

Ears

- ☐ Normal
- ☐ Inflamed L _____ R _____
- ☐ Debris L _____ R _____
- ☐ Itchy L _____ R _____
- ☐ Mites L _____ R _____

Nose & Throat

- ☐ Normal
- ☐ Nasal Discharge
- ☐ Sneezing
- ☐ Wheezing
- ☐ Coughing
- ☐ Abnormal Breathing

Miscellaneous

- ☐ Broken Tooth
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Abnormal Stools
- ☐ Lethargic
- ☐ Lameness

Notes _____