

Celebrity Sales Auction Pre-Purchase Exam

Attention Veterinarian: Complete NO MORE THAN 25 BEFORE EVENT!

If testing is required, all test results and BVD negative must also be on the C.V.I.

Date ___ / ___ / ___

Time ___ : ___ am/pm

Examiner _____ Phone (___) _____

City & State _____

Owner Name _____

Alpaca Name _____ ARI# _____

Color & Markings _____

Sex M / F (circle one) D.O.B. ___ / ___ / ___

Pertinent Medical History / surgery _____

Testing: ___ Brucellosis ___ TB. ___ Blue Tongue. ___ / ___ / ___ Date tested

BVDV: This is a "once in their life" test, & does not have to be done within 25 days of the auction.

Please indicate whether the test was done by ___ PCI or ___ VI lab test & the date tested _____

Vital Signs:

Temperature _____ (normal 99.0 - 102.5)

Pulse Rate _____ (normal 60-99/min)

Resp. Rate _____ (normal 10-30/min)

Fecal Pellets normal / loose ___ Last Wormed ___ / ___ / ___ with _____

Overall Condition Normal / Fat / Thin ___ Nervous / calm during examination

Physical Examination: (X means OK. On underlined items, circle appropriate response.)

Eyes: 1)Symmetry ___ 2)Reflexes ___ 3)Lids ___

4)Mucous Membrane ___ 5)Cornea ___ 6)Ophthalmic Exam ___

Ears: 1)Movement ___ 2)Normal Shape ___ 3)Discharge? ___

Lips & Nose: 1)Lesions? ___ 2)Nasal Discharge? ___ Notes: _____

Teeth/Bite: 1) Bite OK / Over / Under ___ 2)Condition of Incisors ___ 3) or missing teeth? ___

Cardiovascular: 1)Sounds ___ 2)Arrhythmia ___ Notes: _____

Pulmonary: 1)Auscultation ___ Notes: _____

Digestive System: 1)Auscultation ___ Palpation of abdomen ___

Integument: 1)Wool loss ___ 2)Tumors ___ Dermatoses ___

Tail: 1) Normal yes ___ no ___

Genital / Urinary: Female 1)Vulvar Conformation ___ 2)Discharge ___

3)Mammary Gland ___ 4)Urine Scald ___

Digital Exam normal / notes: _____

Pregnancy Status confirmed Y/N ___ date ___ / ___ / ___ Method _____

Male 1)Palpation of Sheath _____

2)Testicles: Yes / No ___ Consistency ___ Size _____

Pertinent Reproductive History: _____

Musculo-Skeletal: Way of Moving (at walk)

Palpation & Manipulation _____ RF ___ LF ___ RR ___ LR ___

Signed _____ **DVM** State & License _____