

DeSoto Animal Clinic Litter Exam Sheet

Client Name: _____ Litter name: _____ Litter DOB: _____ Breed: _____

Exam Date: _____ Doctor: _____ Fecal/HW/Leukemia Result: _____

#	Purchaser name/ address/ email	Gender	Vitals	Collar color or name	Color/ Coat Markings	Microchip #	Immunizations
1			Wt				
			T				
			P				
			R				
2			Wt				
			T				
			P				
			R				
3			Wt				
			T				
			P				
			R				
4			Wt				
			T				
			P				
			R				
5			Wt				
			T				
			P				
			R				
6			Wt				
			T				
			P				
			R				
7			Wt				
			T				
			P				
			R				

#	Purchaser name/ address/ email	Gender	Vitals	Collar color or name	Color/ Coat Markings	Microchip #	Immunizations
8			Wt				
			T				
			P				
			R				
9			Wt				
			T				
			P				
			R				
10			Wt				
			T				
			P				
			R				
11			Wt				
			T				
			P				
			R				
12			Wt				
			T				
			P				
			R				
13			Wt				
			T				
			P				
			R				
14			Wt				
			T				
			P				
			R				
15			Wt				
			T				
			P				
			R				