

Curbside Physical Exam Diagram

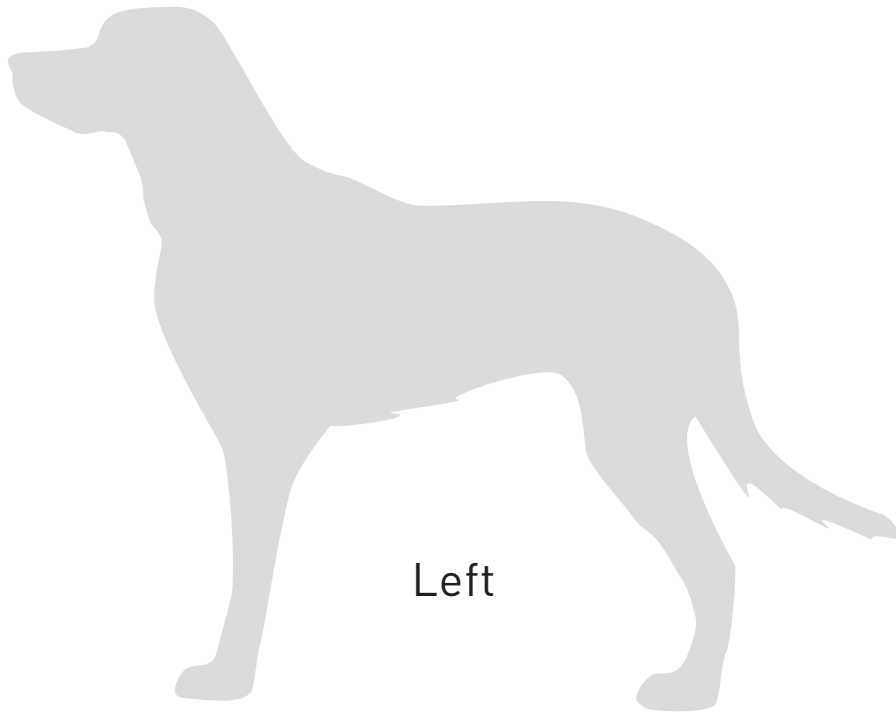
Please indicate on the diagram any lumps, bumps or areas of concern that you would like the veterinary staff to examine.

Patient Name: _____

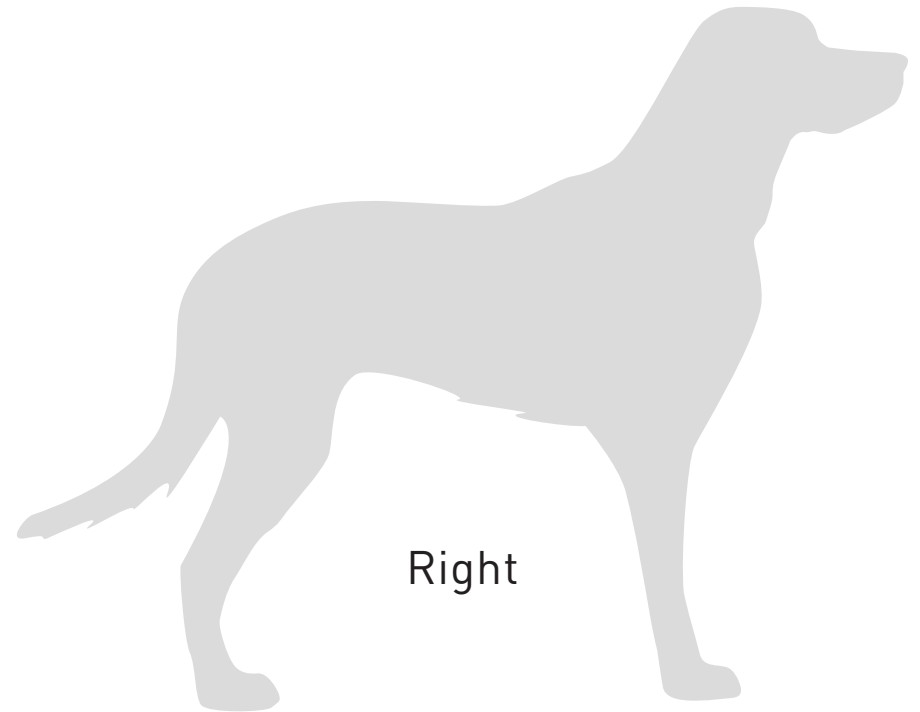
Notes: _____

Owner Name: _____

Parking Spot: _____



Left



Right

Curbside Physical Exam Diagram

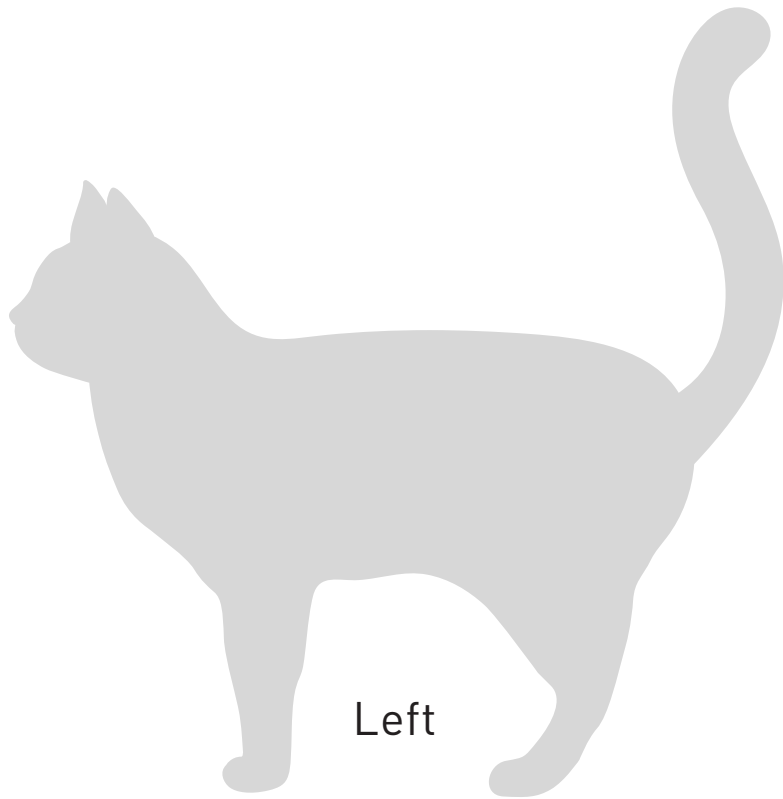
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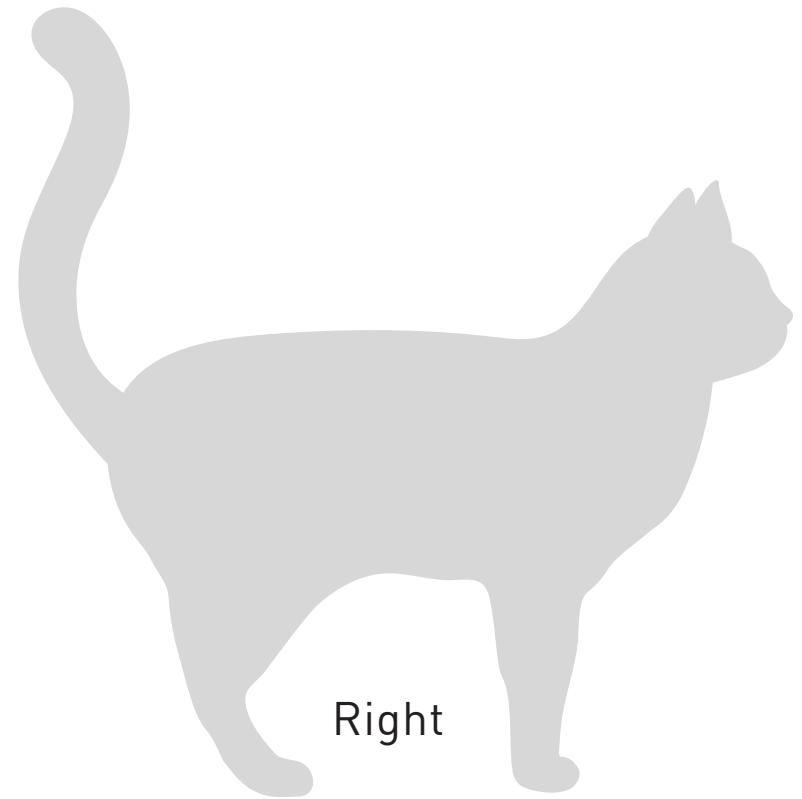
Owner Name: _____

Parking Spot: _____

Notes: _____



Left



Right