

# 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.

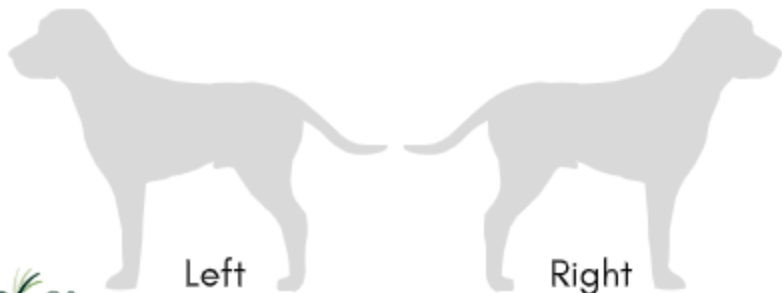
Patient Name: \_\_\_\_\_

Notes: \_\_\_\_\_

Owner Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Left

Right