Incident Support Team
🐾 Canine 🐾
Deployment Medical Record

Date_____ Incident_____ Preparer_____
Time_____ Location_____

Handler Information:	**Canine Information:**
Name_____	Name_____DOB / / Age_____
Search Unit_____	Breed_____Color_____
Contact #'s_____	Sex M MN F FS Weight_____kg_____lb

History _____
_____

Allergies_____
Current Medications _____
Current Concerns (cough, sneeze, vomit, diarrhea, lethargy, anorexia, depression, PU, PD, PP?)
_____
_____

PHYSICAL EXAMINATION

☐ Pre-Shift Wellness ☐ Post-Shift Wellness ☐ Search Exam
☐ Pre-Shift New Issue ☐ Post-Shift New Issue ☐ Demobilization
☐ Pre-Shift Re✓, Follow-up ☐ Post-Shift Re✓/Follow-up ☐ Other

Attitude	Temperature
Hydration	Heart Rate, Rhythm
MM/CRT	Pulses
Eyes	Respiration Rate/Sound
Ears	Lungs
Nose	Peripheral Lymph Node
Throat	Abdomen Palpate
U/G F: Mammary Glands	Male: Prepuce/Penis
Vulva	Scrotum/Testicles
Integ: Coat, Dermis	Rectal
M/S: Body Condition	Pads, Nails
Musculo/Skeletal/Orthopedic	
Neurologic	
NOTES	

ASSESSMENT _____
_____
_____

PLAN _____
_____
_____

MEDICATIONS_____
_____
_____

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