

# 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:** \_\_\_\_\_

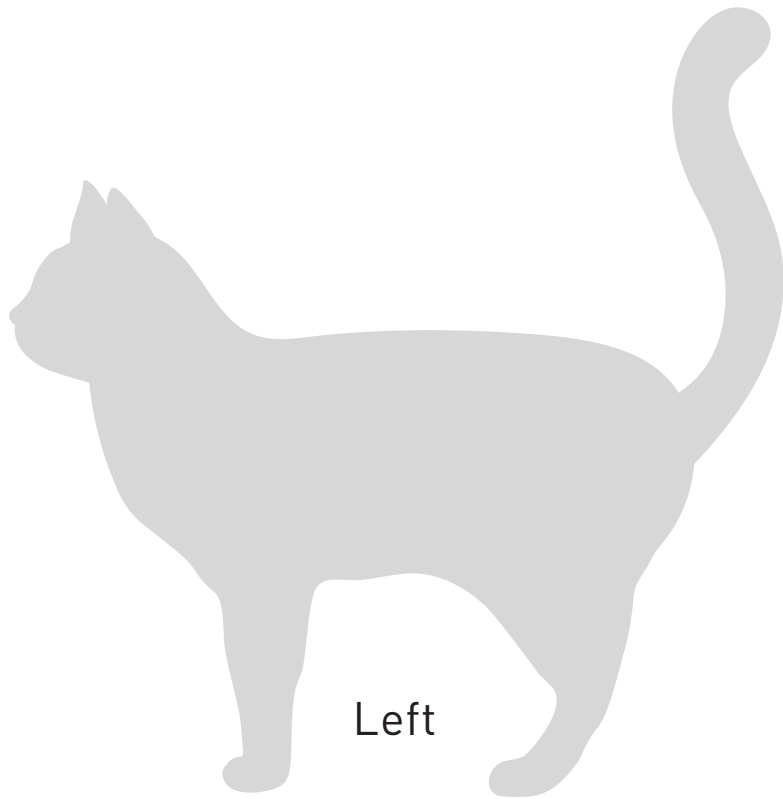
**Owner Name:** \_\_\_\_\_

**Parking Spot:** \_\_\_\_\_

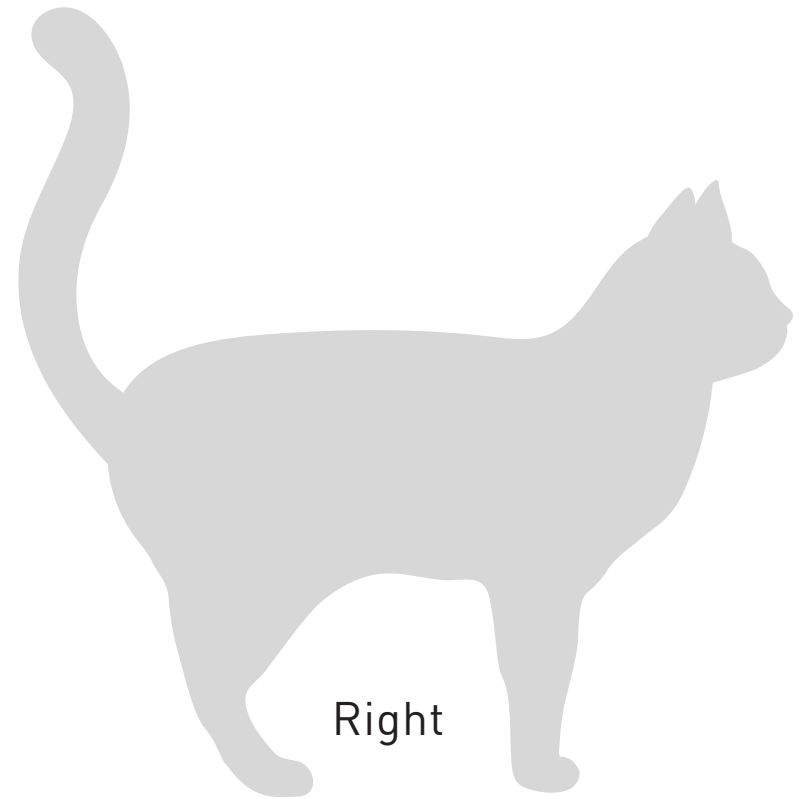
**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Left



Right