

Alpaca Pre-Exam Checklist



785.532.5700

My Veterinarian:

Name: _____

Phone number: _____

Emergency number: _____

Alpaca name: _____

Age: _____

Sex: Male Female Gelding

Problem: _____

How long has it been going on? _____

Same Worsening Better

Have you given treatment? Yes No

What medication(s)? _____

How much? _____

Effect: None Improved Worse

Other animals with similar illness? Yes No

This animal sick before? Yes No

How long has this animal been in this herd?

New animals in herd? Yes No When? _____

Nutrition: Pasture/hay _____

Grain/supplement _____

Mineral _____

Water source _____

Any changes? Yes No

When? _____

Vaccination: Product _____

When? _____

Deworming: Product _____

When? _____

Last shearing: _____

Body temperature: _____ **Weight:** _____ #

Behavior: Normal Acts Blind Depressed

Excited Head up Head down

Eating: Normal Less Not at all More

Grain only Hay only

Weight: Normal Fast loss Slow loss Gain

Breathing: Normal Fast Noisy Slow

Increased effort Puffing nose/lips

Coughing: None Dry Wet

How often? _____

Runny nose: No Clear White/yellow

Runny eyes: No Left Right Clear White

Gums: Pink White Sticky

Pregnant? Yes No

How far along? _____

Problems before? Yes No

Discharge? Yes No

Raising cria? Yes No

How old is cria? _____

Breeding male: In with females? Yes No

How many females? _____

Stool: Pellet Clumped pellet Dog-like Pudding

Watery Blood Black

Abdomen: Normal Bigger Sunken in

Urine: Normal Haven't seen Straining

Yellow Red Brown Cloudy

Udder: Normal Firm Warm Cold Pain

Milk production: Normal Less Off color/texture

Umbilicus (cria): Normal Wet Swollen Draining

Lame: Right Left Front Rear

Mild pain Won't bear weight

Won't put down Wobbly Weak

Swelling: Above / below elbow

Above / below hock

Bone sticking out Bleeding

Swellings: Side of body: Right Left

Head Neck Leg Chest Abdomen

Bleeding: Side of body: Right Left

Head Neck Leg Chest Abdomen