



PRE-PURCHASE EXAM

Date: _____
Veterinarian _____
Veterinarian Phone _____ Email _____
Veterinarian Address _____
Seller _____ Buyer _____
Alpaca Name _____ ARI # _____
Color & Markings _____ Microchip # _____
Sex: Male Female DOB ____/____/____ Age at Exam: _____
Alpaca's Intended Use: Breeding Non-Breeding
Pertinent Medical History/Surgery: _____

Vital Signs
Temperature _____ (normal 99-102.5°F)
Heart Rate _____ (normal 60-90 beats/min)
Respiratory Rate _____ (normal 10-30 resps/min)

Fecal Pellets ____ Normal Loose Fecal Float Yes No Results _____
Last De-wormed ____/____/____ - with _____
Last Vaccinated ____/____/____ - with _____
BVD Status PCR SN Date ____/____/____ Lab _____ Hard Copy Yes No
West Nile Virus Vaccine Yes No Comments: _____

PHYSICAL EXAMINATION

circle best answer

Stature for age Appears: Small Average Large Weight _____ Body Score _____ (1-10)

Eyes Appear: Normal - Entropion - Ectropion - Laceration - Tearing - Corneal Opacity
Cataract - Dilated Pupil - Constricted Pupil - Evidence of Blindness
Notes: _____

Ears Movement: Y N Shape: normal Other _____

Lips & Nose Lesions: Y N Nasal Discharge: Y N Does air move through both nostrils? Y N

Teeth/Bite Bite: Within Normal Limits Underbite Overbite Slight Moderate Severe
Teeth:Notes : _____

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Alpaca Name _____ ARI # _____

Cardiovascular Sounds: Normal Arrhythmia Murmur Notes: _____

Pulmonary Auscultation Notes: _____

Palpation of Abdomen Notes: _____

Digestive System

Describe Eating: Normal Not Observed _____

Condition of Skin: Normal Flaking Other: _____

Integument Tail: Straight Kinked or Bent Hernias: None Umbilical Scrotal

Female Vulva Discharge: Yes No Number of Teats: _____

Notes: _____

Pregnancy Status: Pregnant Open Confirmed on _____ Method: _____

No. of Offspring: _____ History of Dystocia: Yes No Unknown

Deformed Crias: Yes No Unknown

Male Testicle Palpation: Yes No Both Descended Yes No Castrated

Size of Testicles: L _____ R _____ Size for Age: Small Average Large

Consistency/Notes _____ Number of Teats: _____

Breeding History: No. of Offspring _____

Note: Additional testing may be warranted for a full breeding soundness exam.

Musculo-Skeletal

Way of Moving (at walk): _____

Front Limbs Within Normal Limits: Yes No Rear Limbs Within Normal Limits: Yes No

Nuero

Notes: _____

History of Meningeal Worm: Yes No Meningeal Prevention: N/A Yes No Date _____

General Notes: _____

Signed _____ Date _____

Veterinarian License # _____ State _____