



Mill Creek Veterinary  
Service, LLC

Black

## Puppy Wellness Exam

**Congratulations** on your new addition to your family! We hope you will enjoy many healthy years together. The first step to ensuring your puppy's health is this veterinary exam, performed when the puppy is very young. We recommend taking your puppy, and a fecal sample, to your personal veterinarian **within 10 days** of purchase for a follow-up exam. Parasites can pose a human health risk, so have your vet perform a fecal exam.

The exam recorded on this form, includes observation/palpation of the body systems noted below, as well as auscultation of heart/lungs. The breed listed is as described by the seller – no parentage exams were performed.

Please check with the seller on the status of vaccines and parasite deworming administered to this puppy. Your personal veterinarian will assist you in completing the required and recommended vaccines for your puppy.

Seller's Name: Chris Martin

Breed: Miniature Goldendoodle

Address: [REDACTED]

Number of Puppies Examined: 8

Sinking Spring, PA 19608

Birthdate: 05/04/2025

Puppy: George

Color: Apricot

Sex ☒ M ☐ F 6#4oz

Eyes:	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>	_____
Ears:	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>	_____
Jaw/Bite:	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>	_____
Musculoskeletal:	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>	_____
Heart:	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>	_____
Lungs:	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>	_____
Abdomen:	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>	_____
Skin:	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>	_____
Patellas:	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>	_____
Urogenital:	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>	_____
Hernias:	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>	_____
Other:	_____		

Date of Exam: 06/23/2025

Vaccine Given by Vet: ☒ DAPP2 ☐ No

Signature: [Signature]

Deworming Given by Vet: ☒ Drontal ☐ No

Nathan M. Kapp, VMD

PA License: BV012824

