

NEUROLOGICAL EXAMINATION OF GOATS

DATE:

ANIMAL NO:

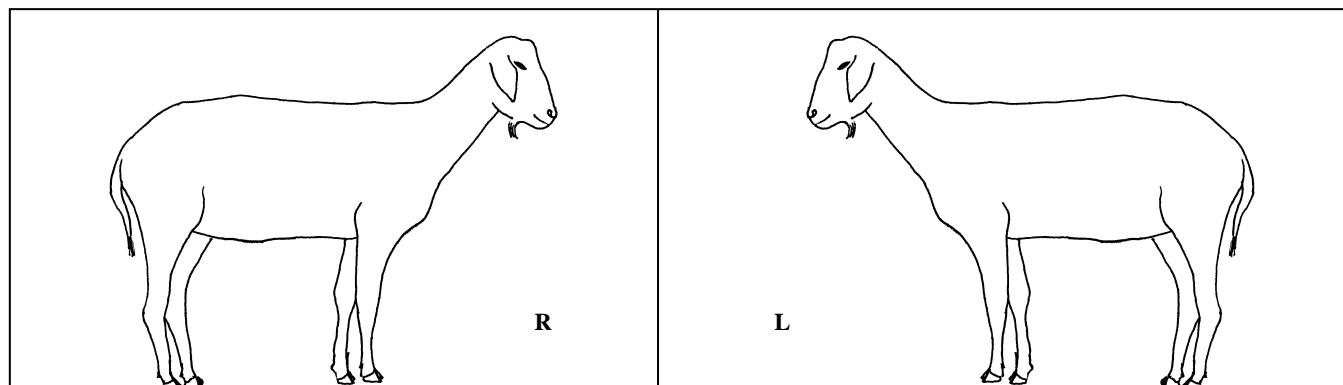
(✓ if normal , × if not able to observe, describe in detail if abnormal)

1. Posture / Head Carriage			
2. Abnormal Movements / Tremors / Fasciculations	None <input type="checkbox"/> / Yes <input type="checkbox"/> (describe):		
3. Mental Status			
4. Behaviour	Resting (left alone):	Approached:	Handled:
	Symmetry (tick if all normal, or describe)	Left	Right
FACE / NECK			
5. Olfaction (CN I)			
6. Vision (CN II)			
7. Eye position (CN III, IV, VI)			
8. Menace response (CN II ++)			
9. Palpebra reflex (CN V, CN VII)			
10. Ears (position/reaction to touch)			
11. Lips (CN VII) (reaction to touch)			
12. Nose (CN VII) (reaction to touch)			
13. Hearing (CN VIII)			
14. Swallow (CN IX, CN X) (on palpation)			
15. Jaw position, tongue tone (CN XII)			
16. Withdrawal reflex			
17. Salivation, dribbling	None <input type="checkbox"/> / Yes <input type="checkbox"/> (describe):		
18. Scratch/Nibble Test - Lumbar	Negative <input type="checkbox"/> / Inconclusive <input type="checkbox"/> / Inconsistent <input type="checkbox"/> / Positive <input type="checkbox"/>		
19. Body condition		Body condition score:	

20. Skin lesions: No / Yes - list areas and types/ draw below

21. Wool - hair loss: No / Yes - list areas and types/ draw below

22. Other Fleece change(s): No / Yes - list areas and types:
also draw below (soiling/ changed fleece colour/ quality)



GENERAL EXAMINATION

23. Temperature:

24. Heart rate:

GAIT

25. Walking (amount/willingness)	
26. Running (amount/ willingness)	
27. Slipping	No <input type="checkbox"/> / Yes <input type="checkbox"/> (# of times, describe):
28. Falling	No <input type="checkbox"/> / Yes <input type="checkbox"/> (# of times, describe):
29. Collides into walls	No <input type="checkbox"/> / Yes <input type="checkbox"/> (# of times, describe):

<i>OVERALL GAIT:</i>	
30. Stiff / lame	No <input type="checkbox"/> / Yes <input type="checkbox"/> – describe:
31. Neurological	No <input type="checkbox"/> / May be <input type="checkbox"/> / Yes <input type="checkbox"/> – describe:
32. Other on gait	No <input type="checkbox"/> / Yes <input type="checkbox"/> – describe:

<p>33. STATUS WITH REGARDS TO TSE & OTHER DISEASES:</p> <ul style="list-style-type: none"> - no evidence of TSE <input type="checkbox"/> Normal Animal <input type="checkbox"/> / Other abnormality (ies) <input type="checkbox"/> - suspect TSE <input type="checkbox"/> → severity of case: early <input type="checkbox"/> - established <input type="checkbox"/> - advanced <input type="checkbox"/> <li style="padding-left: 20px;">→ list suggestive signs (by their # if many): - inconclusive with regards to TSE <input type="checkbox"/> , detail:
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HISTORY:

ACTION	DATE COMPLETED	RESULT
Still photo: No <input type="checkbox"/> / Yes <input type="checkbox"/> (describe):		
Video: No <input type="checkbox"/> / Yes <input type="checkbox"/> (describe):		
Skin scraping: No <input type="checkbox"/> / Yes <input type="checkbox"/> (describe):		
Other (describe): _____		

Other Comments: