

Parameter	0	1	2	3
Cough Score _____	None	Coughs at specific times of day (feeding/exercising/making beds)	Frequent cough with periods of no coughing	Very frequent cough
Nostril Flare _____	None	Flares during inspiration (returns to normal at end of inspiration)	Flares in inspiration and exhalation (slight movement can still be seen)	Flares in inspiration and expiration (no movement can be seen)
Abdominal Lift _____	None	Slight flattening of ventral flank	Obvious abdominal flattening and "heave line" extending no more than halfway between cubital joint and <i>tuber coxae</i>	Obvious abdominal lift and "heave line" extending beyond halfway between cubital joint and <i>tuber coxae</i>

REBREATHING EXAM (if indicated)

		<i>Cranial Dorsal</i>	<i>Cranial Ventral</i>	<i>Caudal Dorsal</i>	<i>Caudal Ventral</i>
Lung sounds before bag is applied	<i>Left Lung</i>	<input type="checkbox"/> Normal	<input type="checkbox"/> Normal	<input type="checkbox"/> Normal	<input type="checkbox"/> Normal
		<input type="checkbox"/> Decreased	<input type="checkbox"/> Decreased	<input type="checkbox"/> Decreased	<input type="checkbox"/> Decreased
		<input type="checkbox"/> Increased	<input type="checkbox"/> Increased	<input type="checkbox"/> Increased	<input type="checkbox"/> Increased
	Describe: _____		Describe: _____	Describe: _____	Describe: _____
	<i>Right Lung</i>	<input type="checkbox"/> Normal	<input type="checkbox"/> Normal	<input type="checkbox"/> Normal	<input type="checkbox"/> Normal
		<input type="checkbox"/> Decreased	<input type="checkbox"/> Decreased	<input type="checkbox"/> Decreased	<input type="checkbox"/> Decreased
<input type="checkbox"/> Increased		<input type="checkbox"/> Increased	<input type="checkbox"/> Increased	<input type="checkbox"/> Increased	
Describe: _____		Describe: _____	Describe: _____	Describe: _____	
Lung sounds after bag is applied	<i>Left Lung</i>	<input type="checkbox"/> Normal	<input type="checkbox"/> Normal	<input type="checkbox"/> Normal	<input type="checkbox"/> Normal
		<input type="checkbox"/> Decreased	<input type="checkbox"/> Decreased	<input type="checkbox"/> Decreased	<input type="checkbox"/> Decreased
		<input type="checkbox"/> Increased	<input type="checkbox"/> Increased	<input type="checkbox"/> Increased	<input type="checkbox"/> Increased
	Describe: _____		Describe: _____	Describe: _____	Describe: _____
	<i>Right Lung</i>	<input type="checkbox"/> Normal	<input type="checkbox"/> Normal	<input type="checkbox"/> Normal	<input type="checkbox"/> Normal
		<input type="checkbox"/> Decreased	<input type="checkbox"/> Decreased	<input type="checkbox"/> Decreased	<input type="checkbox"/> Decreased
<input type="checkbox"/> Increased		<input type="checkbox"/> Increased	<input type="checkbox"/> Increased	<input type="checkbox"/> Increased	
Describe: _____		Describe: _____	Describe: _____	Describe: _____	

How many breaths does it take to recover? _____

Examiner Signature: _____