

RIDER # \_\_\_\_\_ NAME \_\_\_\_\_ | AERC RIDER CARD

CHECK #						
ARRIVAL TIME						
PR TIME						
PULSE						
OUT TIME						
Mucus Membranes						
Capillary Refill						
Jugular Refill						
Skin Tenting						
Gut Sounds Grade each quadrant						
Anal Tone						
Muscle Tone						
Back Withers						
Tack Galls						
Wounds						
Gait						
Impulsion						
Attitude						
Overall Impression						
COMMENTS						
Cardiac Recovery Index:						
#1						
#2						
Examiner						

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