

MEDICAL CHECK UP

Vet Name :

Pet Name :



Hamster Cat Bird Dog

Sex :

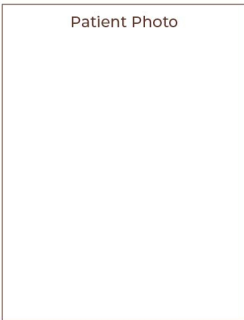
Weight :

Temperature :

Hearthbeat :

Today We Checked :

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Ears | <input type="checkbox"/> Tail |
| <input type="checkbox"/> Paw | <input type="checkbox"/> Tummy |
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Body |
| <input type="checkbox"/> Eyes | <input type="checkbox"/> Mouth |



Diagnosis :

Treatment Plan :

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