

CLIENT'S NAME BILLY, MARIA + JON

MAILING ADDRESS PO BOX 3082

SHOW WND AZ 85901

HOME TELEPHONE (928) 243-3760

HUSBAND'S BUSINESS PHONE _____

WIFE'S BUSINESS PHONE _____



SPECIES CANINE

SEX FEMALE

COLOR GOLD

BREED GOLDEN RET.

AGE 11/19/20 (2YRS)

Date _____ Temp. _____ Time _____

Charge _____ Item _____

PHYSICAL EXAMINATION

(1) GENERAL APPEARANCE <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal	(2) INTEGUMENTARY <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not examined	(3) MUSCULO-SKELETAL <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not examined	(4) CIRCULATORY <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not examined
(5) RESPIRATORY <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not examined	(6) DIGESTIVE <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not examined	(7) GENITO-URINARY <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not examined	(8) EYES <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not examined
(9) EARS <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> Not examined	(10) NEURAL SYSTEMS <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not examined	(11) LYMPH NODES <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not examined	(12) MUCOUS MEMBRANES <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not examined

DESCRIBE ABNORMAL (Use numbers above) T 99.3 P 110 R sniffy Wt. 45.6
 SCALE EST

12/20/22

27.0

01

1. EXAM.

9. Bilateral debris AD

clean for sedation

5. OFA HIPS + ELBOWS ETD good
hips month/2 months ago. MC 14 ✓ Ears

SURGICAL SUMMARY

DATE 12/20/22

NAME Clover

LAB. X (10)

PROCEDURE: OFA

X-RAYS (Y) N

PRE-ANESTHESIA: Medetomidine 1mg/ml - 0.8ml IM @ 9:39am

INDUCTION: not indicated

ANESTHESIA: not indicated TIME 5min

MONITOR SYSTEM: lectronic

FLUIDS: 0

CLOSURE: MUSC. not indicated PERITON not indicated

SUBQ not indicated SKIN not indicated

SURGICAL OBSERVATION: Technician

SURGEON: LMV ASST: Web, Lacey

Healthy 1F Canine Assessment.

1. EXAM.
2. clean, Flush AV ✓
3. MC ✓
4. Sedation
5. OFA X-ray cert (WNL)

see estimate for other services

LMV

12/20/22

Micelupip