

CLIENT'S NAME BILLY, MARIA + JOH
 MAILING ADDRESS P.O BOX 3082
Stonewall NC 28901
 HOME TELEPHONE (919) 243-3700
 HUSBAND'S BUSINESS PHONE _____
 WIFE'S BUSINESS PHONE _____

PATIENT'S NAME HERA # 42011
 SPECIES Cat BREED govered cat
 SEX FEMALE AGE 05/2002 (2yrs)
 COLOR gold 05/15/22
 Date Distemper Date Rabies

MC 981020053662513

Date	Temp.	Time
7/16/24		9:00

PHYSICAL EXAM Name: <u>HERA</u>			
General Appearance	Integumentary	Musculo-Skeletal	Circulatory
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal Exam	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal Exam	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal Exam
1	2	3	4
Respiratory	Digestive	Genito-Urinary	Eyes
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal Exam	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal Exam	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal Exam	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal Exam
5	6	7	8
Ears	Neural Systems	Lymph Nodes	Mucous Membranes
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal Exam	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal Exam	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal Exam	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal Exam
9	10	11	12
Dental	Describe Abnormal using the numbers above:		
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal Exam	T <u>99.5</u> P <u>115</u> R <u>partly</u> WI <u>80.9</u>		
	<input type="checkbox"/> Scale <input type="checkbox"/> Est		

OFA HIPS EXCEL HERA Has proof with copy cert.
 Last food 5/6 #10 always. EID good +VIDICIS
 no other concerns or questions

SURGICAL SUMMARY DATE 7/16/24
 NAME Hera LAB. Y (N)
 PROCEDURE: OFA - X-rays X-RAYS (N)
 PRE-ANESTHESIA: See sx sheet
 INDUCTION: See sx sheet
 ANESTHESIA: See sx sheet TIME _____
 MONITOR SYSTEM _____
 FLUIDS: N/A
 CLOSURE: MUSC. _____ PERITON. _____
 SUBQ _____ SKIN _____
 SURGICAL OBSERVATION: _____
 SURGEON: RE ASST: (N) OR

Good positioning -
 both elbows - great
 hips - good - weak excellent