#### Pet Clinic

My Patient is a... (Circle one)









Pet Name:	☐ GIRL ☐ BOY
WeightTemperature	
Today We Checked  □ Ears □ Tummy □ Heartbeat □ Eyes □ Tail □ Blood Pressure □ Nose □ Paw	Draw a Picture of your Patient
Today We Checked  ☐ Fever ☐ Cold ☐ Booboo ☐ Tired ☐ OK	
Today The Patient Feels:	

**Treatment Plan** (Circle one)











SIGNED BY DOCTOR:

Pet Name:			
Animal Type:			
Length:	Temper	rature:	
☐ Ears ☐ Good ☐ Nee		Co	<ul><li>□ Eyes:</li><li>□ Good</li><li>□ Needs Help</li></ul>
□ Nose □ Good □ Nee			<ul><li>☐ Mouth:</li><li>☐ Good</li><li>☐ Needs Help</li></ul>
☐ Hear ☐ Good ☐ Nee	rt: d ds Help		□ Paws: □ Good □ Needs Help
		] Tail:	

Pet Name:			
Animal Type:			
Length:	Tempe	erature:	
	Ears: Good Veeds Help		<ul><li>□ Eyes:</li><li>□ Good</li><li>□ Needs Help</li></ul>
	Nose: Good Needs Help		<ul><li>☐ Mouth:</li><li>☐ Good</li><li>☐ Needs Help</li></ul>
	Heart: Good Needs Help		□ Paws: □ Good □ Needs Help
		□ Tail: □ Good	

☐ Needs Help

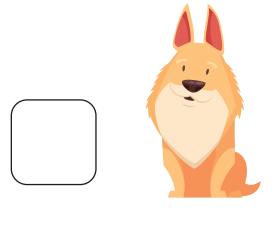
Pet Name:			
Animal Type:			
•		36°	
Length:	Temp	oerature:	
	□ Ears: □ Good □ Needs Help		<ul><li>□ Eyes:</li><li>□ Good</li><li>□ Needs Help</li></ul>
	□ Nose: □ Good □ Needs Help		<ul><li>☐ Mouth:</li><li>☐ Good</li><li>☐ Needs Help</li></ul>
	☐ Heart: ☐ Good ☐ Needs Help		□ Paws: □ Good □ Needs Help
		☐ Tail: ☐ Good	

Pet Name:			
Animal Type: Length:		erature:	
	□ Gills: □ Good □ Needs Help		<ul><li>□ Eyes:</li><li>□ Good</li><li>□ Needs Help</li></ul>
	□ Fins: □ Good □ Needs Help		<ul><li>☐ Mouth:</li><li>☐ Good</li><li>☐ Needs Help</li></ul>
	□ Heart: □ Good □ Needs Help		<ul><li>□ Scales:</li><li>□ Good</li><li>□ Needs Help</li></ul>
		□ Tail: □ Good	

☐ Needs Help

#### Vet Checklist

Check each item during your examination



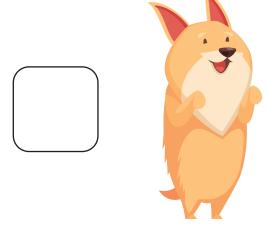
**EYES** 



MOUTH

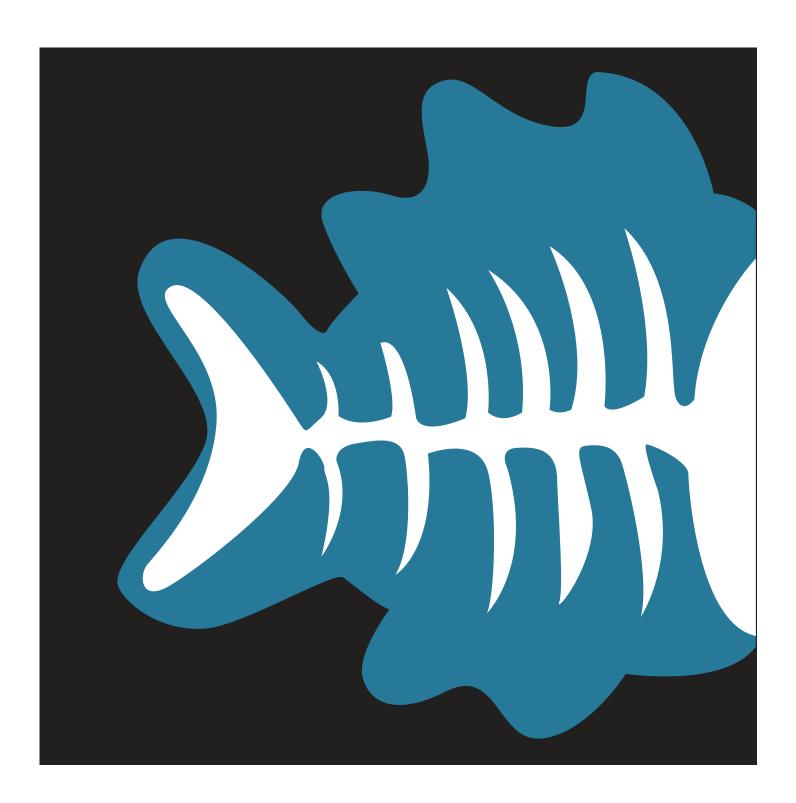


**EARS** 



HEART

### Fish



# Dog



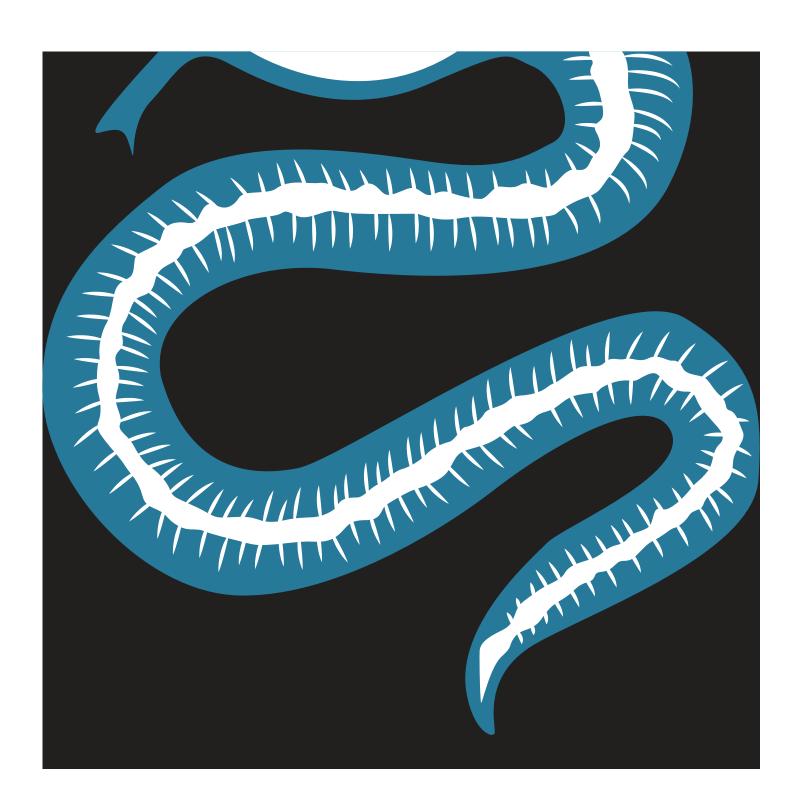
### Cat



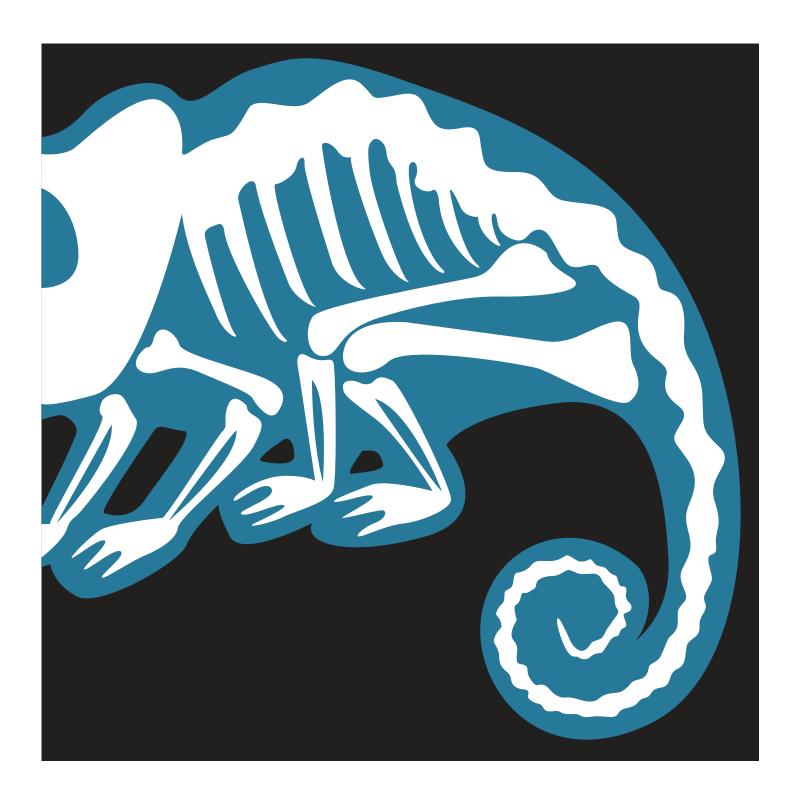
# Frog



### Snake



### Chameleon





# 

#### **Pet Needs**

Customer Name:

Pet Name:

#### My Pet Needs









