



bow chicka meow PET CLINIC

MY PATIENT IS A...
circle one



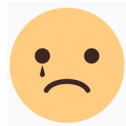
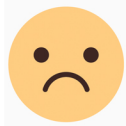
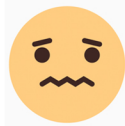
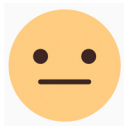
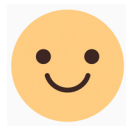
PET NAME: _____

GIRL

BOY

WEIGHT _____ **TEMPERATURE** _____

TODAY THE PATIENT FEELS:



draw a picture of your patient

TODAY WE CHECKED

- EARS EYES NOSE
- PAW TAIL TUMMY
- BLOOD PRESSURE HEARTBEAT

DIAGNOSIS circle the problem

FEVER COLD BOOBOO TIRED OK!

TREATMENT PLAN
circle one



PLEASE WAIT _____ **DAYS BEFORE PLAYING OUTSIDE**

SIGNED BY DOCTOR _____

your name