bow chicka meow PET CLINIC

MY PATIENT IS A...
circle one

PET NAME: ____________________________

WEIGHT ______ TEMPERATURE ______

today the patient feels:

😊 😐 😞 😞 😞 😞

today we checked

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

diagnosis circle the problem

fever cold boo boo tired ok!

treatment plan circle one

please wait _______ days before playing outside

signed by doctor ____________________________
your name

momdot