



ANIMAL CLINIC

ANIMAL NAME: _____

AGE: _____

COLOR: _____ BOY GIRL

REASON FOR VISIT: _____



TYPE OF ANIMAL

DOG

CAT

RABBIT

HAMSTER

MOUSE

PIG

HORSE

WHAT FEELS BAD? _____

DIAGNOSIS: _____



TREATMENT



(CIRCLE EACH NEEDED)

REST

MEDICINE

CAST

BANDAID

VACCINE

SIGNED BY THE DR: _____