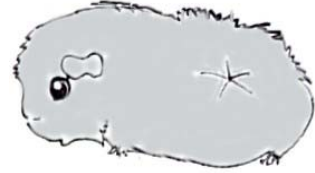


Fisa de tratament



Nume _____ Rasa _____
Sex _____ Culoare _____
Data nasterii _____ Varsta _____

Evaluarea starii de sanatate, simptome _____

Diagnostic _____

Tratament medical _____

Tratament antiparazitar contra ectoparazitilor
Data _____ Produsul _____ Doza _____

Data _____ Medic vet. _____
Cabinet/Clinica vet. _____