

Veterinarian Name

Dr. Jane Doe

Institution Name Institution Address

PetRays Test Clinic 2024 Rayford Road Spring, TX 77386

Institution Phone

713-395-7900

Patient Name Spot Owner First Name John

Owner Last Name Doe

Patient ID 0000000 **Breed** Beagle

Species Canine

Sex Male, Neutered

Age years months

Weight 25 **lbs**

ECG Urgency Screens **Heart Murmur** Grade 1/6

Exam(s) Ordered ECG Screen (Pre-Op)

X-Rays

History Sample report history **Exam Date** 11/20/2013

Medications

Medication 1 Medication 2

Medication 5

Yes

Dosage 2 Dosage 3

Medication 3 Medication 4

Dosage 4 Dosage 5

Dosage 1

ECG Under Anesthesia

Anesthesia Medications

Anesthesia Med 1 Anesthesia Med 2 Anesthesia Med 3

Dosage 2 Dosage 3 Dosage 4

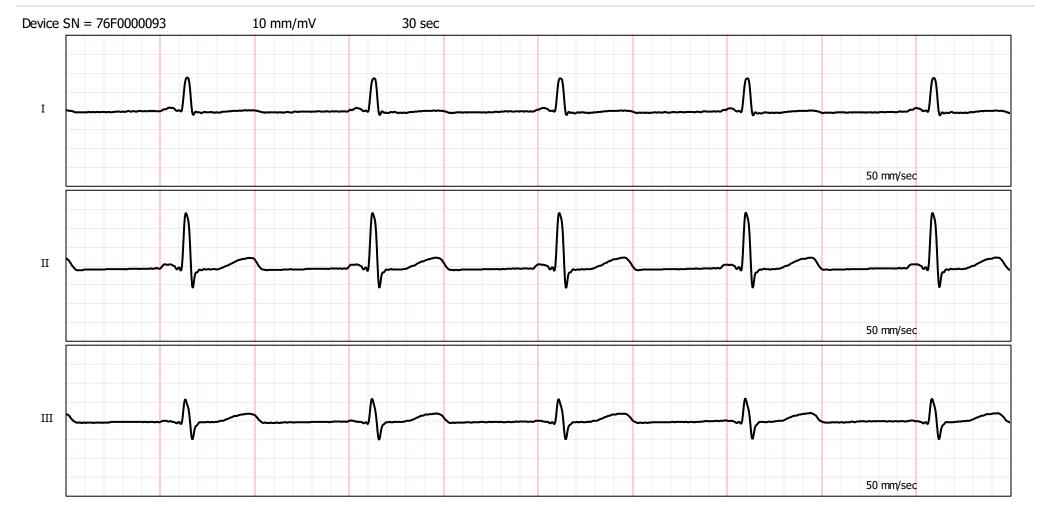
Dosage 1

Anesthesia Med 4 Anesthesia Med 5

Dosage 5

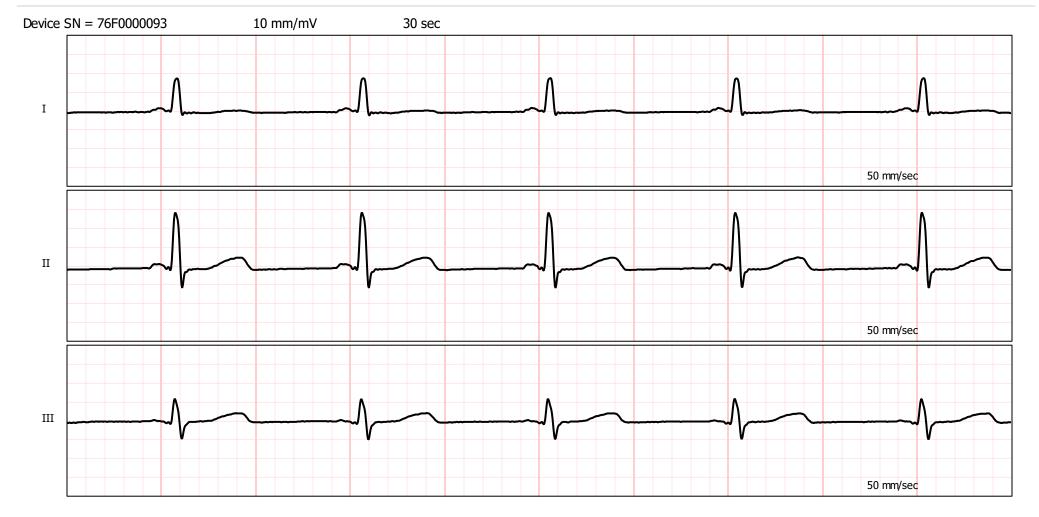


Patient Name: Spot **Owner Last Name:** Doe



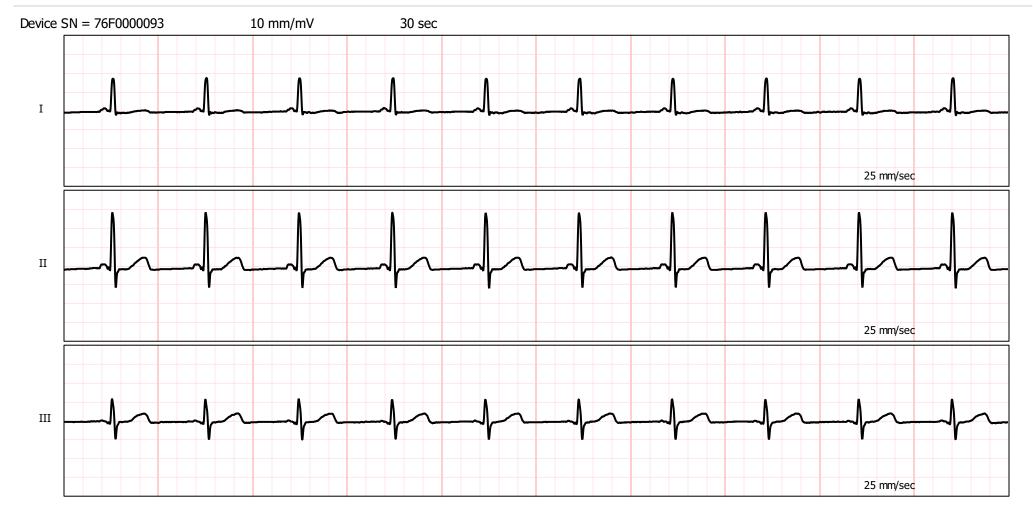


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