

METROPET ANIMAL HOSPITAL
 2600 Hennepin Ave S
 Minneapolis, MN 55408
 612-374-4414
 metropetminn@gmail.com



CLIENT / PATIENT # 13
 LOCATION W
 CLINIC DATE 5-21-14

MEDICAL RECORD - SAVE! MEDICAL RECORD - SAVE!

PLEASE PRINT CLEARLY

LAST NAME Ralph FIRST NAME Steve

STREET ADDRESS 25256 Kettle River Blvd

CITY Forest Lake STATE MN ZIP CODE 55025

EMAIL ADDRESS

PREFERRED PHONE # 651-303-0129 ALT. PHONE #

PET'S NAME: Max PET'S AGE: 1 1/2 ^{YRS} WKS / MOS / YRS 0

SPECIES:	SEX:	FIXED:	WEIGHT:	BREED(S):	COLOR(S):
DOG <input checked="" type="checkbox"/>	MALE <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	01-10 lb <input type="checkbox"/> 11-25 lb <input type="checkbox"/>	<u>Brittany</u>	<u>0 1/2 W</u>
CAT <input type="checkbox"/>	FEMALE <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	26-50 lb <input checked="" type="checkbox"/> 51-75 lb <input type="checkbox"/>		
			76-99 lb <input type="checkbox"/> 100 + lb <input type="checkbox"/>		

RABIES CERTIFICATE
 LOWER PORTION TO BE COMPLETED BY CLINIC ONLY

SERIAL # 120027A MFR: RF1 1 YR VACC 3 YR VACC TAG # 57037

DATE OF VACCINATION: 05/21/10 VACCINATION EXPIRES: 05/21/19

VETERINARIAN'S LICENSE # 14207 DOCTOR'S SIGNATURE: Mary Linahue DVM

Any previous vaccine reactions? <u>Y</u> <input checked="" type="checkbox"/> <u>N</u> <input type="checkbox"/>	DOCTOR'S EXAM NOTES: - Flea/Tick and Heartworm preventive are recommended year-round. - Brush gums & teeth 3 times per week.
Currently on any medications? <u>Y</u> <input checked="" type="checkbox"/> <u>N</u> <input type="checkbox"/>	
Exam Findings: <u>N</u> <input type="checkbox"/> <u>ABN</u> <input type="checkbox"/>	
Temp: <u>no</u> <u>-</u> <input type="checkbox"/> <u> </u> <input type="checkbox"/>	
Weight: <u>4</u> <u>AK</u> <input type="checkbox"/>	
BCS: <u>4</u> <u>9</u> <input type="checkbox"/>	
Teeth/Mouth: <u> </u> <input type="checkbox"/> <u> </u> <input type="checkbox"/>	
Ears: <u> </u> <input type="checkbox"/> <u> </u> <input type="checkbox"/>	
Eyes: <u> </u> <input type="checkbox"/> <u> </u> <input type="checkbox"/>	
Skin: <u> </u> <input type="checkbox"/> <u> </u> <input type="checkbox"/>	
Heart/Lungs: <u> </u> <input type="checkbox"/> <u> </u> <input type="checkbox"/>	

1	RABIES	<input checked="" type="checkbox"/>	<u>17</u>
2	K9 DISTEMPER COMBO (DHLPP)	<input checked="" type="checkbox"/>	<u>30</u>
3	BORDETELLA	<input checked="" type="checkbox"/>	<u>16</u>
4	LYME	<input checked="" type="checkbox"/>	<u>28</u>
5	LEPTO		
6	4DX TEST		
7	FEL DISTEMPER COMBO (FVRCP)		
8	LEUKEMIA		
9	FEL LEUKEMIA/F.I.V. TEST		
10	FECAL TEST		
11	DEWORMING TREATMENT		
12	EAR CLEANING		
13	MICROCHIP & REGISTRATION		
14	FLEA/TICK PREVENTIVE		
15	HEARTWORM PREVENTIVE		
SUB TOTAL		\$	
SALES TAX		\$	
TOTAL		\$	<u>91</u>
CC	#	Exp	Sec#