

Contact/Foster: Julie Biedler Phone #: 612-483-0986

Scanned _____

Rescue: Fur-ever home Acct. # 216851

Faxed _____

Authorization Contact: _____

Patient Description/ID: _____

Phone #: _____

Patient Name: ZUES

Sex: M/N Age: 18W

Breed: Mini Aussie

DATE: <u>3-11-14</u>	Tech: _____
Doctor: <input type="checkbox"/> McCarl	<input checked="" type="checkbox"/> Krahmer
<input type="checkbox"/>	

Appointment time: 4:30
 Rescue History: diarrhea seems better.


Today's Visit: Plan Dhppy #2 rev diarrhea

Vaccines	Tests	Services	Labwork
<input checked="" type="checkbox"/> DAPP	<input type="checkbox"/> Heartworm 4Dx	<input type="checkbox"/> Spay	<input type="checkbox"/> Vetest mini
<input type="checkbox"/> Rabies	<input type="checkbox"/> Ear Cytology	<input type="checkbox"/> Neuter	<input type="checkbox"/> Vetest Full
<input type="checkbox"/> Lyme	<input type="checkbox"/> Fecal	<input type="checkbox"/> Dental	<input type="checkbox"/> CBC in house
<input type="checkbox"/> Bordetella	<input type="checkbox"/> Fecal w/ Giardia	<input type="checkbox"/> Ear Cleaning	<input type="checkbox"/> Other _____
<input type="checkbox"/> Lepto	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

Preventatives
<input type="checkbox"/> Virbantal _____
<input type="checkbox"/> Pyrantal _____
<input type="checkbox"/> Heartgard _____
<input type="checkbox"/> Frontline _____
<input type="checkbox"/> Other _____

Go Home Medications
Microchip Placement.
Questions on aggression towards each other.

Exam:	Normal	Abnormal
Pain/Site 10 Scale: <u>0</u>	<u>N</u>	AB
Body Score: 5 Scale: <u>5/9</u>	<u>N</u>	AB
General Appearance:	<u>N</u>	AB
Digestive System:	<u>N</u>	AB
Musculoskeletal:	<u>N</u>	AB
Circulatory System:	<u>N</u>	AB
Respiratory System:	<u>N</u>	AB
Integumentary System:	<u>N</u>	<u>AB</u>
Genitourinary System:	<u>N</u>	AB
Nervous System:	<u>N</u>	AB
Lymphatics:	<u>N</u>	AB
Special Senses:	<u>N</u>	<u>AB</u> <u>Eye</u>
Other Findings:	<u>N</u>	AB

Exam Notes
placed bit shoulder blades

S-BAR
OPE. Eye unchanged
Papules/Pustules ventral abd; collarettes ventral chest/sternum area.
A - No superficial pyoderma
congenital abn Eye



Recommendations:
P - Dispensed Cephalexin as above - call w/ any V/D/malappetance. T reports prev. diarrhea resolved (was slightly looser after round 1 - careful w/ treats). Rev skin if not improved - updated vac - watch for rxn. Placed microchip.
Disc'd aggression - suggested dog re day care on Monday. An. human soc behavior line/consult / def mn.

Vitals	
Weight:	<u>31.0</u>
Temp:	
Pulse:	
Resp:	
MM/CRT	
Hydration	
Attitude	