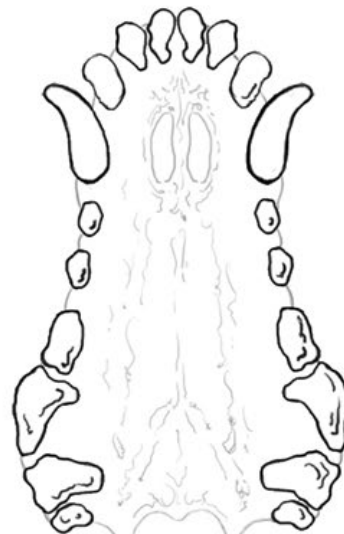
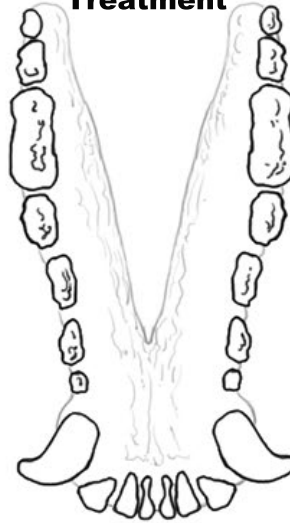


Diagnosis



Treatment



Patient:

Owner:

Phone:

Patient #:

Weight:

Breed:

Age:

Sex: