****T R A K I A U N I V E R S I T Y - S T A R A Z A G O R A**

**Faculty of Veterinary Medicine**

**University Hospital - Clinic for Small Animals**

**Infectious and parasitic disease unit**

**Patient Record Form №............../..........................(Date)**

Patient ...................... name ......................................... sex .................. age .......................... breed ................................. color ................................................. ID ..............................................................................

Owner name ......................................................................................................................................................................

address.................................................................................................................. cell No.: ...............................................

Vet Manager Patient Registration №..............................

ANAMNESIS

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CLINICAL SIGNS

Fever .................; pulse rate .....................; respiratory rate .............; mucose membranes ..............................; CRT .............; lymph nodes ..........................; skin ..............................................................................

SPECIFIC STATUS

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SAMPLE

Blood □ .............................................................................................................................................................….

Feces □ .................................................................................................................................................................

Skin, hair, scrapings □ ..........................................................................................................................................

Swab sample □ .....................................................................................................................................................

Other □ ...............................................................................................................................................................

LABORATORY TESTS – ATTACH THE RESULTS TO THE ENCOUNTER FORM

Complete Blood Count (CBC) □..................................................................................................................../results/

Blood chemistry □ ………………....................................................................................................................../results/

Rapid immunochromatographic or ELISA test □ ...................................................................................................

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Bacteriological examination □ ................................................................................................................................ ................................................................................................................................................................................. ....................................................................................................................................................................../results/

Antibiotic sensitivity test /results/

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Antimicrobialagent | Penicilin | Amoxicillin + clavulanic acid | Cephalexin | Cefquinome | Gentamicin | Amikacin | Tobramicin | Clindamycin | Lincomycin | Lincospectin | Oxytetracyclin | Doxycyclin | Chloramphenicol | Colistin  | Enrofloxacin | Sulfonamides | Mastijet |  |  |
| Pathogen |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**S** – sensitive; **R** – resistant; **I** – intermediate

Mycological examination □ ............................................................................................................................ /results/

Parasitological examination □ ....................................................................................................................................

........................................................................................................................................... /methods used and results/

Other □ ......................................................................................................................................................... /results/

DIAGNOSIS

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TREATMENT

 □ surgery □ conservative □ ambulant □ stationary □ home treatment

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PROGNOSIS:

□ excellent □ good □ fair □ poor □ hopeless

Complications .....................................................................................................................................................

Outcome ................................................................................................................................................................

Student Number: …………………………………………………

First and Last Name: …………………………………………….

Date: ……………….

 Attending Veterinarian:

 .................................................................

 (name, signature)