



**TRAKIA UNIVERSITY - STARA ZAGORA**  
**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  .....  
..... /results/

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

Antibiotic sensitivity test /results/

Antimicrobial agent	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)