



KIDS NIGHT IN PET CLINIC

MY PATIENT
IS A *(circle one)*

DOG CAT BIRD REPTILE RABBIT HAMSTER

PET NAME: _____

AGE: _____ WEIGHT: _____

SYMPTOMS *(check the boxes)*

- HIGH FEVER
- SLEEPY
- UPSET STOMACH
- EYE PAIN
- FLEAS
- TOOTH PAIN
- TIRED

draw a picture of your patient

TREATMENT PLAN *(check the boxes)*

- REST
- SHOT
- SURGERY
- MEDICINE
- BAND-AID
- OTHER

DIAGNOSIS: _____

SIGNED BY DOCTOR: _____ DATE: _____

your name

Get well soon!