유기견 돌봄이

🏠 ANI CARE

동물 ID : U0001　　　　　　입소 날짜: 15 / 05 / 2020		주증상	병변부 위치
성별 (입소 시) ☑M ☐ MC ☐ F ☐ FS **무게:** 10 kg			
특징 :			
인식표: ☐ 있음 ☑ 없음 **내용:**			
마이크로칩 확인: ☑ 예 번호: 01144251495			
사진 유무: ☑ 예 날짜: 08 / 2020		심장 사상충	
백신접종			
FVRCD	☑예 날짜 15/07/20 최초 15/05/20		
Rabies	☑예 날짜 15/07/20 최초 15/05/20		
FELV	☑예 날짜 15/07/20 최초 15/05/20		
심장사상충 검사	☑양성 ☐음성 날짜 15/ 05 / 2020		
분변 검사(float + smear)	☐예 샘플 채취 날짜 /		배쪽　　　　　등쪽
분별 검사 결과	☐음성 / ☐양성		
개 예방접종(DHPPL)		**추가 검사 필요 여부**	☐ 예 ☑ 아니오
Distemper(CDV)	☑예 날짜 15/07/20 최초 15/05/20	**필요한 날짜**	
Adenovirus-2 (CAV-2/hepatitis)	☑예 날짜 15/07/20 최초 15/05/20	**시행된 날짜**	
Parvovirus(CPV)	☑예 날짜 15/07/20 최초 15/05/20	**필요한 검사**	
		결과	
Parainfluenza(CPIV)	☑예 날짜 15/07/20 최초 15/05/20	**메모**	

Leptospira	☑예 / □아니오	메모

관찰기록

날짜										날짜
신체 상태										신체 상태
물의 소모량 (+/-)										물의 소모량
탈수 상태 (0,-5,-8)										탈수 상태
호흡 (Normal,↑,↓)										호흡
식욕 (+/-)										식욕
대변 (+/-) *형태 (N,L,D,BD)*										
소변 (+/-) *(이상시 메모)*										
상처/피부 검사										
그 외 :										
그 외 :										

약물 l 투여량 l 빈도

처치   **약욕 여부:** □ 예   날짜:____/____   **구충 :** □ 예   날짜:____/____   **심장사상충 예방:** □ 예   날짜:____/____

날짜																													
Rx:	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd
Rx:	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd
Rx:	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd

메모 : _____

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