

# Veterinary Medical Record

## I. PATIENT INFORMATION

Field	Details
<b>Animal Name</b>	Bella
<b>Species</b>	Dog
<b>Breed</b>	Labrador Retriever
<b>Age/DOB</b>	5 years / 03-14-2084
<b>Gender</b>	Female (Spayed)
<b>Color/Markings</b>	Yellow, white patch on chest

## II. OWNER INFORMATION

Field	Details
<b>Owner's Name</b>	Naomi Ortiz
<b>Address</b>	Irving, TX 75038
<b>Phone Number</b>	222 555 7777
<b>Email</b>	naomi@you.mail

## III. PRESENTING PROBLEM

Annual wellness checkup and vaccination updates.

## IV. MEDICAL HISTORY

- **Last visit:** March 2088 (Routine check-up, no abnormalities).
- Fully vaccinated.
- Spayed at 6 months old.
- No known allergies.
- Mild seasonal itching treated with antihistamines (last occurrence: Spring 2088).

## V. PHYSICAL EXAMINATION

System	Findings
<b>General Appearance</b>	Alert and active; healthy weight (25 kg).
<b>Skin/Coat</b>	Shiny and smooth; no lesions.
<b>Eyes</b>	Clear, no discharge.
<b>Ears</b>	Clean; no redness or odor.
<b>Mouth/Teeth</b>	Mild tartar on molars; no gum redness.
<b>Heart/Lungs</b>	Normal heart rate and respiration; no murmurs or crackles.
<b>Abdomen</b>	Soft, no masses detected.
<b>Musculoskeletal</b>	Normal range of motion; no lameness.
<b>Neurological</b>	Normal reflexes and responses.

## VI. DIAGNOSTIC TESTS

Test Performed	Results
Fecal Exam	Negative for parasites.
Heartworm Test	Negative.

## VII. ASSESSMENT/DIAGNOSIS

Healthy adult Labrador Retriever presenting for routine care.

## VIII. TREATMENT PLAN

Treatment	Details
DA2PP Vaccination	Administered subcutaneously; booster due March 2090.
Rabies Vaccination	Administered subcutaneously; booster due March 2092.
Dental Care	Recommended dental cleaning within the next 6 months.

## **IX. FOLLOW-UP PLAN**

- Schedule dental cleaning by September 2089.
- **Next wellness visit:** March 2090.
- Monitor for seasonal itching; administer antihistamines if necessary.

## **X. VETERINARIAN'S NOTES**

Bella is in excellent health with no significant concerns at this time. Owner advised to maintain current diet and exercise routine.

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**Veterinarian Name:**[YOUR NAME]

**License Number:** 123456789

**[YOUR COMPANY NAME]**