



Dr. Grigory Brodetsky, DVM

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Dermatology/Ear Re-curing Appointments

Date of Last Appointment: ___ / ___ / ____

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|-------------------------|---|--|------------------------------|---|
| Owner: Last Name | | First Name: | | |
| Address: | | City: | Province: | PC: |
| Phone: | Mobile: | Business: | Email: | |
| Patient's Name: | | Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered | DOB: ___ / ___ / ____ | B/W: <input type="checkbox"/> kg. <input type="checkbox"/> lbs |
| Color: | Breed: | | | |
| Microchip #: | | Diet: <input type="checkbox"/> Dry <input type="checkbox"/> Canned <input type="checkbox"/> Homemade | | |

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|---|---|--|--|---|
| Date: | | | | |
| CYTOLOGY <input type="radio"/> L <input type="radio"/> R Ear <input type="radio"/> Skin | SCRAPING <input type="radio"/> Ear <input type="radio"/> Skin | CULTURE <input type="radio"/> L <input type="radio"/> R Ear <input type="radio"/> Skin | DNA <input type="radio"/> Ear <input type="radio"/> Skin | BIOPSY <input type="radio"/> L <input type="radio"/> R Ear <input type="radio"/> Skin |
| Treatment/Notes: | | | | |
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| Treatment/Notes: | | | | |
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| Treatment/Notes: | | | | |
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| Treatment/Notes: | | | | |
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| Treatment/Notes: | | | | |
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