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| Fecha: | | | | | | | | | | | | | | | | | | | | | | | |
| Datos Del Paciente | | | | | | | | | | | | | | | | | | | | | | | |
| Identificación: | | | | | | | Sexo: | | | | | | | | | | | |  | | | | |
| Especie: | | | | | | | Color: | | | | | | | | | | | |  | | | | |
| Raza: | | | | | | | Peso: | | | | | | | | | | | |  | | | | |
| Fecha de Nacimiento: | | | | | | | Edad | | | | | | | | | | | |  | | | | |
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| Amnésicos y Motivo de Consulta | | | | | | | | | | | | | | | | | | | | | | | |
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| Examen Clínico | | | | | | | | | | | | | | | | | | | | | | | |
| F. Respiratoria: /rpm | | | | | F. Cardíaca: /rpm | | | | | | | | | | Temperatura: 0 C | | | | | | Pulso: | | |
| Tiempo Llenado Capilar: | | | | | Ganglios Linfáticos: | | | | | | | | | | | | | | | | | | |
| Mucosas: | | Actitud y Temperamento: Letárgico ( ); Estuporoso ( ); Comatoso ( ). Alerta ( ) Otro: | | | | | | | | | | | | | | | | | | | | | |
| Órganos y Sistemas | | | | | | | N/AN/NE | | | | | Órganos y Sistemas | | | | | | | | | N/AN/NE | | |
| 1. Estado general y Condición Corporal | | | | | | |  | | | | | 1. Sistema Digestivo | | | | | | | | |  | | |
| 1. Estado de Hidratación | | | | | | |  | | | | | 8. Sistema Respiratorio | | | | | | | | |  | | |
| 1. Sistema Tegumentario | | | | | | |  | | | | | 9. Sistema Nervioso | | | | | | | | |  | | |
| 1. Ojos | | | | | | |  | | | | | 10.Sistema Musculoesquelético | | | | | | | | |  | | |
| 1. Oídos | | | | | | |  | | | | | 11.Sistema Cardiovascular | | | | | | | | |  | | |
| 1. Nariz | | | | | | |  | | | | | 12.Sistema Genitourinario | | | | | | | | |  | | |
| N: Normal AN: anormal. NE: No Examinado | | | | | | | | | | | | | | | | | | | | | | | |
| Descripción de los Hallazgos: | | | | | | | | | | | | | | | | | | | | | | | |
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| Lista de Problemas | | | | | | | | Diagnósticos Diferenciales | | | | | | | | | | | | | | | |
| 1. | | | | | | | | 1. | | | | | | | | | | | | | | | |
| 2. | | | | | | | | 2. | | | | | | | | | | | | | | | |
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| 6. | | | | | | | | 6. | | | | | | | | | | | | | | | |
| 7. | | | | | | | | 7. | | | | | | | | | | | | | | | |
| Descripción Hallazgos Pruebas Diagnósticas | | | | | | | | | | | | | | | | | | | | | | | |
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| Diagnóstico Final O Confirmativo | | | | | | | | | | | | | | | | | | | | | | | |
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| Tratamientos | | | | | | | | | | | | | | | | | | | | | | | |
| Producto Base | | Dosis Básica | | | Presentación | | | | | | | | | Vía | | | Frecuencia y Duración | | | | | | |
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| Seguimiento del Paciente | | | | | | | | | | | | | | | | | | | | | | | |
| Parámetro | Día 1 | | | Día 2 | | | Día 3 | | | Día 4 | | | Día 5 | | | | Día 6 | | | Día 7 | | Día 8 | |
| Horario | am | | pm | am | | pm | am | | pm | am | pm | | am | | | pm | am | pm | | am | pm | am | pm |
| T° |  | |  |  | |  |  | |  |  |  | |  | | |  |  |  | |  |  |  |  |
| Fc Cardiaca |  | |  |  | |  |  | |  |  |  | |  | | |  |  |  | |  |  |  |  |
| Fc Respira |  | |  |  | |  |  | |  |  |  | |  | | |  |  |  | |  |  |  |  |
| Mucosas |  | |  |  | |  |  | |  |  |  | |  | | |  |  |  | |  |  |  |  |
| Apetito |  | |  |  | |  |  | |  |  |  | |  | | |  |  |  | |  |  |  |  |
| Vómito |  | |  |  | |  |  | |  |  |  | |  | | |  |  |  | |  |  |  |  |
| Diarrea |  | |  |  | |  |  | |  |  |  | |  | | |  |  |  | |  |  |  |  |
| Control y evolución del paciente | | | | | | | | | | | | | | | | | | | | | | | |
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| TRATAMIENTO | | | | | | | | | | | | | | | | | | | | | | | |
| Producto/dosis | Día 1 | | | Dia2 | | | Día 3 | | | Día 4 | | | Día 5 | | | | Día 6 | | | Día 7 | | Día 8 | |
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| Médico Veterinario Matrícula Profesional | | | | | | | | | | | | | | | | | | | | | | | |
| Estudiantes Responsables | | | | | | | | | | | | | | | | | | | | | | | |
| Operario Responsable | | | | | | | | | | | | | | | | | | | | | | | |