Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Paciente\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Historia\_\_\_\_\_\_\_\_\_\_\_ No Int.\_\_\_\_\_\_\_

Especie\_\_\_\_\_\_\_\_\_Sexo\_\_\_\_\_\_\_\_Raza\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Color\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Edad\_\_\_\_\_\_\_\_\_\_\_Propietario\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dirección\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Celular\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Procedencia\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nutrición\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estado Reproductivo\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Vacunación\_\_\_\_\_\_\_\_\_\_\_\_\_\_Desparacitación\_\_\_\_\_\_\_\_

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| Fecha | Medicamento | Dosis(mg/kg) | Via | Frecuencia | Tiempo |
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Observaciones\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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| **CONTROL DE HOSPITALIZACIÓN** | | | | | | | | | | | | | | | | | | |
| **DATOS DEL PROPIETARIO** | | | | | | | | **DATOS DEL PACIENTE** | | | | | | | | | | |
| Nombre: | | | | | | | | Nombre: | | | | | | | | | | |
| Cedula: | | | | | | | | Especie: | | | | | | Sexo: | | | | |
| Celular: | | | | | | | | Raza: | | | | | | Color: | | | | |
| Dirección: | | | | | | | | Peso: | | | | | | | | | | |
| **ANAMNESICOS** | | | | | | | | | | | | | | | | | | |
| Parámetros | 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 Respiratoria |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |
| Mucosas |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |
| Apetito |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |
| Vomito |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |
| Diarrea |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |
| Otros hallazgos | | | | | | | | | | | | | | | | | | |
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| **TRATAMIENTO** | | | | | | | | | | | | | | | | | | |
| . | Día 1 | | Día 2 | | Día 3 | | Día 4 | | | Día 5 | | Día 6 | | | Día 7 | | Día 8 | |
| Productos/dosis | am | pm | am | pm | am | pm | am | | pm | am | Pm | am | pm | | am | pm | am | pm |
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| **OBSERVACIONES** | | | | | | | | | | | | | | | | | | |
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