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| --- | --- | --- | --- | --- | --- |
| **DATE** |  | **PATIENT NAME:** |  | **SPECIES**: |  |
| **DOB/AGE**: |  | **SEX**: |  | **ORIGIN**: |  |
| **PATIENT “OCCUPATION**”: |  |
| **WEIGHT**: |  | **ANESTHESIA**: |  |
| **SURGEONS**: |  |
| **CLINICIAN**: |  | **CARETAKERS**: |  |
| **BEGIN TIME:** |  | **END TIME**: |  | **TOTAL TIME**: |  |
| **NOTES**: |
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| --- | --- |
| **PHOTOGRAPHS**: |  |
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| **RADIOGRAPHS**: |  |
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| **PROGNOSIS:** |
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| **ADDITIONAL COMMENTS:** |
|  |
| **RECHECK RECOMMENDATIONS::** |
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