

DHS VETERINARY VISIT REPORT

TO BE COMPLETED BY STUDENT

Student Name: _____

Animal Species: _____ Date symptoms started: _____

Symptoms (why is your animal being seen by a vet): _____

Date of Vet Visit: _____ Name of Vet: _____

*THIS FORM IS MANDATORY IF YOUR ANIMAL IS SEEN BY A VETERINARIAN FOR ANY REASON! Please remember to notify your teacher that the vet appointment has taken place. Then, ask the **veterinarian** to complete the rest of the form below and submit this paper to your species advisor.*

TO BE COMPLETED BY THE TECHNICIAN & VETERINARIAN

Diagnostic Testing Recommended (if any): _____

Diagnostic Testing Completed (if any): _____

Official Diagnosis: _____

Is this Contagious - Yes / No

Is there a Zoonotic Risk? - Yes / No

Recommended Treatment Plan: _____

Signature of Veterinarian: _____

Signature of Student: _____

Signature of Species Advisor: _____