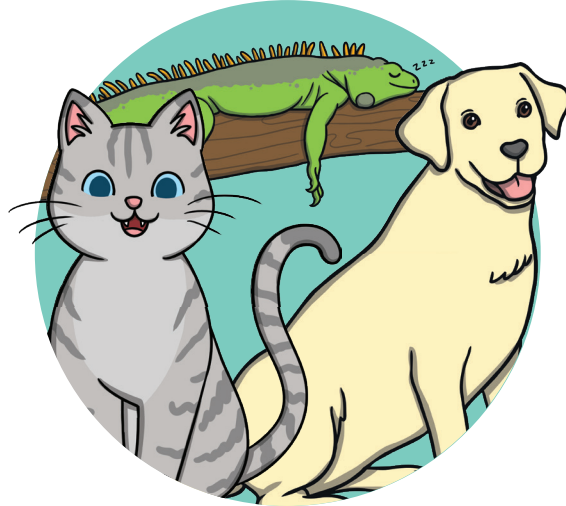


# Veterinary Surgery



## Pet Details



Symptoms:

Treatment:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_