

## Patient History Report

**Client:** Doyal, Dave (25883)

**Phone:** (972) 948-3739

**Address:** PO BOX 4918  
PAGE, AZ 86040

**Patient:** Magnus (2707)

**Species:** Canine

**Age:** 2 Yrs. 9 Mos.

**Color:**

**Breed:** Catahoula Leopard  
Dog Mix

**Sex:** Neutered Male

Date	Type	Staff	History
5/2/2023	TC	PAH	d.doyal@icloud.com - TENTATIVE
3/9/2023	C	CMS	Voicemail message - update info and vax - CLOSED Mar 16/2023
12/27/2022	C	JR	Medical Exam: General Work-up - CLOSED Jan 03/2023

### General Workup

Tuesday, May 02, 2023

**Patient Name:** Magnus Doyal, 2 Yrs. 5 Mos., Catahoula Leopard Dog Mix, 77.8 pounds Neutered Male  
Jerry Roundtree, DVM Technician: KH

#### Vitals:

	12/27/2022
	10:26 AM
Vital Sign	JR
Weight	77.8 pounds
BCS9	5 - Ideal - 5
Temp	101.8
Pulse	116
Resp	46
Muc	Pink/Healthy
Memb	
CRT	<2 sec
Dental	1 - Mild
Appetite	4 - Normal
Feces	Soft, Norm V/C
Alert	BAR

#### History (Subjective): Pt presents for bumps all around the inside on the mouth. Papilloma virus

What problem(s) are your pet experiencing?

[Add Problem Description](#)

When did the problem start?

Is the problem the same, better, or worse?

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: Departing instr, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TC: Tentative medl note, V: Vital signs

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**Sex:** Neutered Male

Date	Type	Staff	History
------	------	-------	---------

Has a similar problem happen in the past	
Are any medications being administered?	
What is the pet's current diet and feeding schedule?	
Eating Changes? <input type="checkbox"/> Increased <input type="checkbox"/> Decreased	
Has your pet been vaccinated recently?	
Any weight loss?	
Any increase or decrease in water consumption?	
Any change in bowel movements?	
Any exposure to toxins?	
Any other medical history?	

Additional Notes:

### Exam (Objective):

<b>Nose and Throat</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Abnormal Remarks: ____	<b>Mouth/Teeth/Gum</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Abnormal Remarks: ____ Periodontal Stage: ____
<b>Eyes and Ears</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Abnormal Remarks: ____	<b>Coat and Skin</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Abnormal Remarks: ____
<b>Lymph Nodes</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Enlarged Remarks: ____ <input type="checkbox"/> Abnormal Remarks: ____	<b>Legs/Paws/Back</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Nail Trim <input type="checkbox"/> Abnormal Remarks: ____
<b>Nervous System</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Abnormal Remarks: ____	<b>Heart and Lungs</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Heart Murmur Grade __/VI Murmur Comments: ____ <input type="checkbox"/> Abnormal Remarks: ____
<b>GI Tract/Abdominals</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Abnormal Remarks: ____	<b>Urinary And Genitals</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Expressed Anal Glands <input type="checkbox"/> Abnormal Remarks: ____

### Assessment & Plan

<b>Assessment</b>	<b>Add Diagnosis Description</b> multiple pink growths on lips, likely papilloma virus
<b>Plan</b>	No treatment necessary for the time being, they should eventually go away. If the dog bites them and has difficulty eating, can remove them under anesthesia.

12/27/2022 CK JR

Little lumps on lips

Reason for Visit: Exam Medical - Sick Call

Date Patient Checked Out: Dec 27/2022 Practice 1

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**Age:** 2 Yrs. 9 Mos.

**Color:**

**Breed:** Catahoula Leopard  
Dog Mix

**Sex:** Neutered Male

Date	Type	Staff	History
12/27/2022	V	JR	Dec 27, 2022 10:26 AM Staff: JR ----- Weight : 77.80 pounds Body Score (1-9) : 5 - Ideal - 5 Temperature : 101.8 Pulse : 116 Respiration : 46 Mucous Membranes : Pink/Healthy Capillary Refill : <2 sec Dental Score : 1 - Mild Appetite : 4 - Normal Fecal Output : Soft, Norm V/C Alert/Attitude : BAR
12/27/2022	B	JR	1.00 Office Visit - Sick Exam (1776) by PAH
12/27/2022	B	JR	1.00 Ready to go (RTG) by PAH
7/1/2021	P	KDB	30.00 tablet of Metronidazole 500mg (10019) Rx #: 36227 0 Of 0 Refills Filled by: RG Give 1 and a 1/2 tablets by mouth twice a day for 10 days.
7/1/2021	B	KDB	30.00 tablet of Metronidazole 500mg (10019) by PAH

6/1/2021 C KRG Medical Exam: General Work-up - FINAL Jun 01/2021

### General Workup

Tuesday, May 02, 2023

**Patient Name:** Magnus Doyal, 10 Mos. 3 Wks. 4 Days, Catahoula Leopard Dog Mix, 63 pounds Male  
Katie R. Gibson Technician: kb/kh

#### Vitals:

	6/1/2021
	3:00 PM
Vital Sign	KB
Weight	63 pounds
BCS9	4 - Ideal - 4
Temp	102.4
Resp	Panting
Muc	Pink/Healthy
Memb	
CRT	<2 sec
Dental	0 - Excellent
Appetite	4 - Normal
Feces	Soft, Norm V/C
Alert	BAR

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Dog Mix

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**Age:** 2 Yrs. 9 Mos.  
**Color:**

**Sex:** Neutered Male

Date	Type	Staff	History
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<b>History (Subjective): Patient presents for vaccine</b>	
What problem(s) are your pet experiencing?	
When did the problem start?	
Is the problem the same, better, or worse?	
Has a similar problem happen in the past?	
Are any medications being administered?	
What is the pet's current diet and feeding schedule?	
Eating Changes? <input type="checkbox"/> Increased <input type="checkbox"/> Decreased	
Has your pet been vaccinated recently?	
Any weight loss?	
Any increase or decrease in water consumption?	
Any change in bowel movements?	
Any exposure to toxins?	
Any other medical history?	
Additional Notes:	
<b>Exam (Objective):</b>	
<b>Nose and Throat</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Abnormal Remarks: ____	<b>Mouth/Teeth/Gum</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Abnormal Remarks: ____ Periodontal Stage: ____
<b>Eyes and Ears</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Abnormal Remarks: ____	<b>Coat and Skin</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Abnormal Remarks: ____
<b>Lymph Nodes</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Enlarged Remarks: ____ <input type="checkbox"/> Abnormal Remarks: ____	<b>Legs/Paws/Back</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Nail Trim <input type="checkbox"/> Abnormal Remarks: ____
<b>Nervous System</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Abnormal Remarks: ____	<b>Heart and Lungs</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Heart Murmur Grade __/VI Murmur Comments: ____ <input type="checkbox"/> Abnormal Remarks: ____
<b>GI Tract/Abdominals</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Abnormal Remarks: ____	<b>Urinary And Genitals</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Expressed Anal Glands <input type="checkbox"/> Abnormal Remarks: ____
<b>Assessment &amp; Plan</b>	
<b>Assessment</b>	<b>Appears clinically healthy</b>
<b>Plan</b>	<b>Rattlesnake booster - left FL SQ- Ser:20-179 Ex: 10/03/22</b> Monitor for vaccine reactions  Dr. Katie Gibson

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**Color:**

**Breed:** Catahoula Leopard  
Dog Mix

**Sex:** Neutered Male

Date	Type	Staff	History
6/1/2021	V	KB	<p>Jun 1, 2021 03:00 PM Staff: KB</p> <p>-----</p> <p>Weight : 63.00 pounds</p> <p>Body Score (1-9) : 4 - Ideal - 4</p> <p>Temperature : 102.4</p> <p>Respiration : Panting</p> <p>Mucous Membranes : Pink/Healthy</p> <p>Capillary Refill : &lt;2 sec</p> <p>Dental Score : 0 - Excellent</p> <p>Appetite : 4 - Normal</p> <p>Fecal Output : Soft, Norm V/C</p> <p>Alert/Attitude : BAR</p>
6/1/2021	CK	KRG	<p>Rattlesnake booster</p> <p>Reason for Visit: Vaccinations</p> <p>Date Patient Checked Out: Jun 01/2021 Practice 1</p>
6/1/2021	B	KRG	1.00 Annual Physical Exam / consultation (130) by PAH
6/1/2021	B	KRG	1.00 Rattlesnake Vaccine (1020) by PAH
6/1/2021	B	KRG	1.00 Ready to go (RTG) by PAH
4/30/2021	P	BAM	<p>3.00 dose of Panacur Granules (222 mg/G) (10264)</p> <p>Rx #: 35336 0 Of 0 Refills Filled by: TC</p> <p>Give 1 packet in food once a day for 3 days.</p>
4/30/2021	P	BAM	<p>10.00 tablet of Metronidazole 500mg (10019)</p> <p>Rx #: 35335 0 Of 0 Refills Filled by: TC</p> <p>Administer 1 tablet(s) by mouth twice daily with food. If vomiting, diarrhea or anorexia discontinue and contact vet.</p>
4/30/2021	B	BAM	10.00 tablet of Metronidazole 500mg (10019) by PAH
4/30/2021	B	BAM	3.00 dose of Panacur Granules (222 mg/G) (10264) by PAH

4/19/2021 C BAM Medical Exam: General Work-up - FINAL Apr 19/2021

### General Workup

Tuesday, May 02, 2023

**Patient Name:** Magnus Doyal, 9 Mos. 1 Wks. 5 Days, Catahoula Leopard Dog Mix, 58.6 pounds Male  
Bret A. Miller, DVM Technician: kb

#### Vitals:

4/19/2021  
2:31 PM  
Vital Sign BAM

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**Age:** 2 Yrs. 9 Mos.

**Color:**

**Breed:** Catahoula Leopard  
Dog Mix

**Sex:** Neutered Male

Date	Type	Staff	History
------	------	-------	---------

Weight 58.6 pounds  
BCS9 4 - Ideal - 4  
Temp 101.5  
Pulse 128  
Resp 100  
Muc Pink/Healthy  
Memb  
CRT <2 sec  
Dental 0 - Excellent  
Appetite 4 - Normal  
Feces Soft, Norm V/C  
Alert BAR

### History (Subjective):

What problem(s) are your pet experiencing?	1st rattlesnake vac
When did the problem start?	
Is the problem the same, better, or worse?	
Has a similar problem happen in the past	
Are any medications being administered?	
What is the pet's current diet and feeding schedule?	
Eating Changes? <input type="checkbox"/> Increased <input type="checkbox"/> Decreased	
Has your pet been vaccinated recently?	
Any weight loss?	
Any increase or decrease in water consumption?	
Any change in bowel movements?	
Any exposure to toxins?	
Any other medical history?	

Additional Notes: rattlesnake ser:156 exp:08/15/22

### Exam (Objective):

<b>Nose and Throat</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Abnormal Remarks: ____	<b>Mouth/Teeth/Gum</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Abnormal Remarks: ____ Periodontal Stage: ____
<b>Eyes and Ears</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Abnormal Remarks: ____	<b>Coat and Skin</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Abnormal Remarks: ____
<b>Lymph Nodes</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Enlarged Remarks: ____ <input type="checkbox"/> Abnormal Remarks: ____	<b>Legs/Paws/Back</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Nail Trim <input type="checkbox"/> Abnormal Remarks: ____

B:Billing, C:Med note, CB:Call back, CK:Check-in, CM:Communications, D:Diagnosis, DH:Declined to history, E:Examination, ES:Estimates, I:Departing instr, L:Lab result, M:Image cases, P:Prescription, PA:PVL Accepted, PB:problems, PP:PVL Performed, PR:PVL Recommended, R:Correspondence, T:Images, TC:Tentative medl note, V:Vital signs

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Date	Type	Staff	History
------	------	-------	---------

<b>Nervous System</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Abnormal Remarks: ____	<b>Heart and Lungs</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Heart Murmur Grade __/VI Murmur Comments: ____ <input type="checkbox"/> Abnormal Remarks: ____
<b>GI Tract/Abdominals</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Abnormal Remarks: ____	<b>Urinary And Genitals</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Expressed Anal Glands <input type="checkbox"/> Abnormal Remarks: ____
<b>Assessment &amp; Plan</b>	
<b>Assessment</b>	appears healthy
<b>Plan</b>	booster rattlesnake vac in 4 weeks

4/19/2021 V BAM Apr 19, 2021 02:31 PM Staff: BAM

-----

Weight : 58.60 pounds  
 Body Score (1-9) : 4 - Ideal - 4  
 Temperature : 101.5  
 Pulse : 128  
 Respiration : 100  
 Mucous Membranes : Pink/Healthy  
 Capillary Refill : <2 sec  
 Dental Score : 0 - Excellent  
 Appetite : 4 - Normal  
 Fecal Output : Soft, Norm V/C  
 Alert/Attitude : BAR

4/19/2021 B BAM 1.00 Technician Fee (20301) by PAH  
 4/19/2021 B BAM 1.00 Rattlesnake Vaccine (1020) by PAH  
 3/30/2021 D BAM Superficial pyoderma Final  
 3/30/2021 D BAM Abrasion of skin Final

3/30/2021 C BAM Medical Exam: General Work-up - FINAL Mar 30/2021

### General Workup

Tuesday, May 02, 2023

**Patient Name:** Magnus Doyal, 8 Mos. 3 Wks. 2 Days, Catahoula Leopard Dog Mix, 59.2 pounds Male  
 Bret A. Miller, DVM Technician: SJ

<b>Vitals:</b>
3/30/2021

B:Billing, C:Med note, CB:Call back, CK:Check-in, CM:Communications, D:Diagnosis, DH:Declined to history, E:Examination, ES:Estimates, I:Departing instr, L:Lab result, M:Image cases, P:Prescription, PA:PVL Accepted, PB:problems, PP:PVL Performed, PR:PVL Recommended, R:Correspondence, T:Images, TC:Tentative medl note, V:Vital signs

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**Color:**

**Breed:** Catahoula Leopard  
Dog Mix

**Sex:** Neutered Male

Date	Type	Staff	History
------	------	-------	---------

Vital Sign	2:03 PM BAM
Weight	59.2 pounds
BCS9	5 - Ideal - 5
Temp	101
Pulse	108
Resp	28
Muc	Pink/Healthy
Memb	
CRT	<2 sec
Dental	1 - Mild
Appetite	4 - Normal
Feces	Soft, Norm V/C
Alert	QAR

History (Subjective):	
What problem(s) are your pet experiencing?	<b>jumped out of car on dirt road, walks then sits down has superficial scratches on left distal limb- has rash in left groin area</b>
When did the problem start?	
Is the problem the same, better, or worse?	
Has a similar problem happen in the past?	
Are any medications being administered?	
What is the pet's current diet and feeding schedule?	
Eating Changes? <input type="checkbox"/> Increased <input type="checkbox"/> Decreased	
Has your pet been vaccinated recently?	
Any weight loss?	
Any increase or decrease in water consumption?	
Any change in bowel movements?	
Any exposure to toxins?	
Any other medical history?	
Additional Notes:	

Exam (Objective):	
<b>Nose and Throat</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Abnormal Remarks: ____	<b>Mouth/Teeth/Gum</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Abnormal Remarks: ____ Periodontal Stage: ____
<b>Eyes and Ears</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Abnormal Remarks: ____	<b>Coat and Skin</b> <input type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input checked="" type="checkbox"/> Abnormal Remarks: <b>_left lateral superficial abrasion on carpus and distal antebrachium; left inguinal erythema with thickened skin_</b>

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates,  
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<b>Lymph Nodes</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Enlarged Remarks: ____ <input type="checkbox"/> Abnormal Remarks: ____	<b>Legs/Paws/Back</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Nail Trim <input type="checkbox"/> Abnormal Remarks: ____
<b>Nervous System</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Abnormal Remarks: ____	<b>Heart and Lungs</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Heart Murmur Grade ____/VI Murmur Comments: ____ <input type="checkbox"/> Abnormal Remarks: ____
<b>GI Tract/Abdominals</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Abnormal Remarks: ____	<b>Urinary And Genitals</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Expressed Anal Glands <input type="checkbox"/> Abnormal Remarks: ____
<b>Assessment &amp; Plan</b>	
<b>Assessment</b>	<b>Abrasion of skin, Superficial pyoderma</b>
<b>Plan</b>	No apparent severe injuries from falling out of car, no apparent orthopedic injuries. Recommend treating abrasions with small amount of triple antibiotic ointment and skin infection with systemic antibiotics and medicated shampoo.

3/30/2021	P	BAM	1.00 bottle of Mal-A-Ket shampoo 8oz (4239) Rx #: 34861 0 Of 0 Refills Filled by: SJ Shampoo affected areas twice per week for 3 weeks. Let lather sit for 10-15 minutes if possible.
3/30/2021	P	BAM	42.00 each of Cephalexin 250mg (10010) Rx #: 34860 0 Of 0 Refills Filled by: SJ Administer one capsule by mouth twice daily with food. If vomiting, diarrhea, or anorexia discontinue and contact vet.
3/30/2021	P	BAM	42.00 tablet of Cephalexin 500mg (10011) Rx #: 34859 0 Of 0 Refills Filled by: SJ Administer one capsule by mouth twice daily with food. If vomiting, diarrhea, or anorexia discontinue and contact vet.
3/30/2021	P	BAM	7.00 tablet of Carprofen Flavored Tablets 100mg - per T (700003) Rx #: 34858 0 Of 0 Refills Filled by: SJ Give half of a tablet every 12 hours as directed. Do not use with any other NSAID or STEROID. If vomiting or diarrhea occurs stop medication and call the veterinary practice.
3/30/2021	V	BAM	Mar 30, 2021 02:03 PM Staff: BAM ----- Weight : 59.20 pounds Body Score (1-9) : 5 - Ideal - 5 Temperature : 101.0 Pulse : 108

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**Color:**

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Dog Mix

**Sex:** Neutered Male

Date	Type	Staff	History
			Respiration : 28 Mucous Membranes : Pink/Healthy Capillary Refill : <2 sec Dental Score : 1 - Mild Appetite : 4 - Normal Fecal Output : Soft, Norm V/C Alert/Attitude : QAR
3/30/2021	B	BAM	1.00 Office Visit - Sick (1776) by PAH
3/30/2021	B	BAM	7.00 tablet of Carprofen Flavored Tablets 100mg - per T (700003) by PAH
3/30/2021	B	BAM	42.00 tablet of Cephalexin 500mg (10011) by PAH
3/30/2021	B	BAM	42.00 each of Cephalexin 250mg (10010) by PAH
3/30/2021	B	BAM	1.00 bottle of Mal-A-Ket shampoo 8oz (4239) by PAH
1/11/2021	P	BAM	1.00 each of Cerenia 160 mg X 4 tabs (10292) Rx #: 33873 0 Of 0 Refills Filled by: AA Please give 2 hours prior to the stressful event.

11/5/2020 C

BAM

Medical Exam: General Work-up - FINAL Nov 06/2020

### General Workup

Tuesday, May 02, 2023

**Patient Name:** Magnus Doyal, 17 Wks. 2 Days, Catahoula Leopard Dog Mix, 21 pounds Male  
Bret A. Miller, DVM Technician: VH

### Vitals:

	11/5/2020
	4:08 PM
Vital Sign	VH
Weight	21 pounds
BCS9	4 - Ideal - 4
Temp	100.9
Pulse	140
Resp	sniffing
Muc	Pink/Healthy
Memb	
CRT	<2 sec
Dental	0 - Excellent
Appetite	4 - Normal
Feces	Soft, Norm V/C

### History (Subjective):

What problem(s) are your pet experiencing?	da2pp 3rd, Bordetella, Canine Rabies 1 yr,
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B:Billing, C:Med note, CB:Call back, CK:Check-in, CM:Communications, D:Diagnosis, DH:Declined to history, E:Examination, ES:Estimates, I:Departing instr, L:Lab result, M:Image cases, P:Prescription, PA:PVL Accepted, PB:problems, PP:PVL Performed, PR:PVL Recommended, R:Correspondence, T:Images, TC:Tentative medl note, V:Vital signs

## Patient History Report

**Client:** Doyal, Dave (25883)

**Phone:** (972) 948-3739

**Patient:** Magnus (2707)

**Species:** Canine

**Breed:** Catahoula Leopard  
Dog Mix

**Address:** PO BOX 4918  
PAGE, AZ 86040

**Age:** 2 Yrs. 9 Mos.  
**Color:**

**Sex:** Neutered Male

Date	Type	Staff	History
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When did the problem start?		
Is the problem the same, better, or worse?		
Has a similar problem happen in the past?		
Are any medications being administered?		
What is the pet's current diet and feeding schedule?		
Eating Changes?	<input type="checkbox"/> Increased <input type="checkbox"/> Decreased	normal
Has your pet been vaccinated recently?		
Any weight loss?		
Any increase or decrease in water consumption?		normal
Any change in bowel movements?		normal
Any exposure to toxins?		
Any other medical history?		
Additional Notes:		
<b>Exam (Objective):</b>		
<b>Nose and Throat</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Abnormal Remarks: ____		<b>Mouth/Teeth/Gum</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Abnormal Remarks: ____ Periodontal Stage: ____
<b>Eyes and Ears</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Abnormal Remarks: ____		<b>Coat and Skin</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Abnormal Remarks: ____
<b>Lymph Nodes</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Enlarged Remarks: ____ <input type="checkbox"/> Abnormal Remarks: ____		<b>Legs/Paws/Back</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Nail Trim <input type="checkbox"/> Abnormal Remarks: ____
<b>Nervous System</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Abnormal Remarks: ____		<b>Heart and Lungs</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Heart Murmur Grade ____/VI Murmur Comments: ____ <input type="checkbox"/> Abnormal Remarks: ____
<b>GI Tract/Abdominals</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Abnormal Remarks: ____		<b>Urinary And Genitals</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Expressed Anal Glands <input type="checkbox"/> Abnormal Remarks: ____
<b>Assessment &amp; Plan</b>		
<b>Assessment</b>	Appears Healthy	
<b>Plan</b>	Recommend puppy diet. Recommend neuter around 6 months.	

11/5/2020 V

VH

Nov 5, 2020 04:08 PM Staff: VH

Weight : 21.00 pounds

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## Patient History Report

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**Patient:** Magnus (2707)

**Species:** Canine

**Age:** 2 Yrs. 9 Mos.

**Color:**

**Breed:** Catahoula Leopard  
Dog Mix

**Sex:** Neutered Male

Date	Type	Staff	History
			Body Score (1-9) : 4 - Ideal - 4 Temperature : 100.9 Pulse : 140 Respiration : sniffing Mucous Membranes : Pink/Healthy Capillary Refill : <2 sec Dental Score : 0 - Excellent Appetite : 4 - Normal Fecal Output : Soft, Norm V/C
11/5/2020	CK	BAM	3rd Round of Vaccines Reason for Visit: Vaccinations Date Patient Checked Out: Nov 05/2020 Practice 1
11/5/2020	B	BAM	1.00 Puppy Examination (111) by PAH
11/5/2020	B	BAM	1.00 Bordetella Oral (1025) by PAH
11/5/2020	B	BAM	1.00 DA2PP(3rd) (1003) by PAH
11/5/2020	B	BAM	1.00 Canine Rabies 1 Yr (1030) by PAH
10/15/2020	P	BAM	9.00 mL of Panacur Suspension (100 mg/ml) (10265) Rx #: 32859 0 Of 0 Refills Filled by: BAM Administer 3 mL by mouth once daily for 3 days.
10/15/2020	P	BAM	5.00 tablet of Metronidazole 250mg (10018) Rx #: 32858 0 Of 0 Refills Filled by: TS Give 1/2 tablet by mouth every 12 hours as directed.

10/15/2020 C BAM Medical Exam: General Work-up - FINAL Oct 15/2020

### General Workup

Tuesday, May 02, 2023

**Patient Name:** Magnus Doyal, 14 Wks. 2 Days, Catahoula Leopard Dog Mix, 14.6 pounds Male  
Bret A. Miller, DVM Technician: SJ

<b>Vitals:</b>

<b>History (Subjective):</b>	
What problem(s) are your pet experiencing?	Vomiting every half hour for 5 hours this morning, then 4 time since then - yellowy and watery vomit. O tried to feed, he vomitted food immedietely, not interested in water, pink around eyes and lips
When did the problem start?	
Is the problem the same, better, or worse?	
Has a similar problem happen in the past	
Are any medications being administered?	
What is the pet's current diet and feeding schedule?	
Eating Changes? <input type="checkbox"/> Increased <input type="checkbox"/> Decreased	

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**Color:**

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Dog Mix

**Sex:** Neutered Male

Date	Type	Staff	History
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Has your pet been vaccinated recently?</p> <p>Any weight loss?</p> <p>Any increase or decrease in water consumption?</p> <p>Any change in bowel movements?</p> <p>Any exposure to toxins?</p> <p>Any other medical history?</p> <p>Additional Notes:</p> </div> <div style="width: 45%;"></div> </div>			
<b>Exam (Objective):</b>			
<b>Nose and Throat</b>		<b>Mouth/Teeth/Gum</b>	
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Abnormal Remarks: ____		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Abnormal Remarks: ____ Periodontal Stage: ____	
<b>Eyes and Ears</b>		<b>Coat and Skin</b>	
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Abnormal Remarks: ____		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Abnormal Remarks: ____	
<b>Lymph Nodes</b>		<b>Legs/Paws/Back</b>	
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Enlarged Remarks: ____ <input type="checkbox"/> Abnormal Remarks: ____		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Nail Trim <input type="checkbox"/> Abnormal Remarks: ____	
<b>Nervous System</b>		<b>Heart and Lungs</b>	
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Abnormal Remarks: ____		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine Heart Murmur Grade ____/VI Murmur Comments: ____ <input type="checkbox"/> Abnormal Remarks: ____	
<b>GI Tract/Abdominals</b>		<b>Urinary And Genitals</b>	
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Abnormal Remarks: ____		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Expressed Anal Glands <input type="checkbox"/> Abnormal Remarks: ____	
<b>Assessment &amp; Plan</b>			
<b>Assessment</b>		<u>Appears Healthy</u>	
<b>Plan</b>		<u>Patient drank small amount of water and ate small amount of food during exam without vomiting. O indicates soft stool. Recommend deworm and short course of antibiotics. If vomiting persists or diarrhea gets worse, please contact vet.</u>	

10/15/2020 CK PAH

Not feeling good, Vomiting

Reason for Visit: Exam Medical - Sick Call

Date Patient Checked Out: Oct 15/2020 Practice 1

10/15/2020 V TS

Oct 15, 2020 02:03 PM Staff: TS

Weight : 14.60 pounds

Body Score (1-9) : 5 - Ideal - 5

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**Breed:** Catahoula Leopard  
Dog Mix

**Sex:** Neutered Male

Date	Type	Staff	History
			Temperature : 101.5 Pulse : 150 Respiration : 40 Mucous Membranes : Pink/Healthy Capillary Refill : <2 sec Dental Score : 1 - Mild
10/15/2020	B	BAM	1.00 Office Visit (110) by BAM
10/15/2020	B	BAM	5.00 tablet of Metronidazole 250mg (10018) by BAM
10/15/2020	B	BAM	9.00 mL of Panacur Suspension (100 mg/ml) (10265) by BAM
10/15/2020	B	BAM	1.00 each of Mupirocin Ointment 2% 15 Grams (10202) by BAM

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