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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Frontal | | | | | | | | | Lateral derecho | | | | | | | Lateral izquierdo | | | | | |
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| Fecha de registro: | | | | | | | | | | | | | Número de registro SSM: | | | | | | | | |
| Nombre del ejemplar: | | | | | | | | | | | | | Número de Microchip: | | | | | | | | |
| Raza | | | | | | | | Edad | | | | | Color | | | | | | | Sexo | |
|  | | | | | | | |  | | | | |  | | | | | | | Macho | Hembra |
| Residencia del animal: | | | | | | | | | | | | | | | | | | | |  |  |
| Destinación | | | | | | | | | | | | | | | | | | | | | |
| Convivencia | | | | Guardián | | | | | | Protección | | | | Búsqueda | | | | | Otros | | |
| **DATOS DEL PROPIETARIO** | | | | | | | | | | | | | | | | | | | | | |
| Fotografía | | | | | | | | | | | | | | | | | | | | | |
| Nombre y apellidos | | | | | | | | | | | | | | | C.C: | | | | | | |
| Dirección: | | | | | | | | | | | | | | | Teléfono: | | | | | | |
| Barrio: | | | | | | | | | | | | | | | Celular: | | | | | | |
| **REGISTRO DE VACUNACIÓN** | | | | | | | | | | | | | | | | | | | | | |
| Presentó Carnet Vigente | | Tipo de vacuna | | | | | | | | | | | | | Fecha de vacunación | | | | | | |
| Parvovirosis | | | | | Moquillo | | | | Leptospirosis | | | |
| Si | No | Hepatitis | | | | Parainfluenza | | | | | | Rabia | | | Día | | Mes | | | | Año |
| Localidad de procedencia del animal | | | | | | | | | | | | | | | Lote | | | | | | |
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| **CONTROL DE PARÁSITOS** | | | | | | | | | | | | | | | | | | | | | |
| Especie | | | | | | | | | | | | | | | Tipo de parásitos controlados | | | | | | |
|  | | | | | | | | | | | | | | | Endoparásitos | | | | | | |
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| **MEDIDAS PROFILACTICAS Y DE CONTROL ADOPTADAS POR EL PROFESIONAL MEDICO VETERINARIO TRATANTE** | | | | | | | | | | | | | | | | | | | | | |
| Vacunación animal | | | | | Sugerencia de asistir a consulta al propietario o contactos humanos | | | | | | | | | | | | | | | | |
| Quimioprofilaxis | | | Sugerencia de aislamiento del animal con otros especímenes animales | | | | | | | | | | | | | | | | | | Eutanasia |
| Sugerencia de aislamiento con otros humanos | | | | | | | | | | | | | | | | | | Otras | | | |
| ¿Cuáles? | | | | | | | | | | | | | | | | | | | | | |
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Firma Profesional que realiza la inscripción Firma Propietario