

**NATIONAL VETERINARY HOSPITAL  
MOTITHANG, THIMPHU  
TEL : 02-322432 / 331173 / 331174**

Reg. No. ....

Date : ...../...../.....

Name of Owner .....

Address .....

Name of pet .....

Species :

Breed :

Age :

Wt:

Sex: M/F

**Tentative Diagnosis :**

**Final Diagnosis :**

**Diagnostic Text (Please tick)**

- Haematology  
  Serology  
  Chemistry  
  Fecal Examination  
  Skin Scraping  
  Urine Analysis  
 Ultrasound  
  Endoscopy  
  X-ray  
  Any other (Specify)

**Anamnesis**

Date	Observations	Treatment