VETERINARY TEACHING HOSPITAL

WASHINGTON STATE UNIVERSITY

(509) 335-0711

Referring Veterinarian:_____

Date of Admission:_____ Date of Discharge:_____

Diagnosis: _____
_____
_____

Discharge Instructions:
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Dietary Recommendations:
_____
_____

Medication(s):
_____
_____
_____

Recheck/Next Appointment: _____

_____   _____   _____/_____/_____
Veterinary Student   Attending Clinician   Date

Client Instruction Form