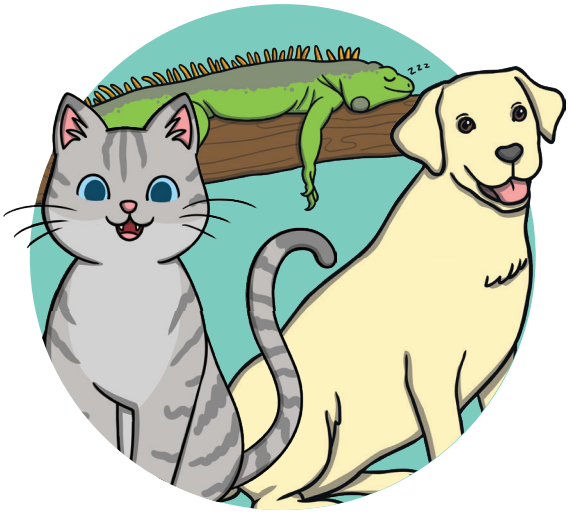
Veterinary Surgery

Pet Details



Symptoms:

Treatment:

Signed:_____ **Date:**_____