**SAMPLE CUMULATIVE PATIENT PROFILE TEMPLATE**

|  |  |  |  |
| --- | --- | --- | --- |
| Client ID: |  | Patient ID: |  |
| Warnings (e.g. drug allergies, behaviour problems, etc.): |
| Therapeutic Diet: |
| Procedures: | Date |
|  |  |  |  |  |  |  |  |  |  |
| Vaccinations |  |  |  |  |  |  |  |  |  |  |  |
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| Physical Exam |  |  |  |  |  |  |  |  |  |  |
| Weight (kg) |  |  |  |  |  |  |  |  |  |  |
| FeLV/FIV (+/-) |  |  |  |  |  |  |  |  |  |  |
| Heartworm Test |  |  |  |  |  |  |  |  |  |  |
| Lyme |  |  |  |  |  |  |  |  |  |  |
| Ehrlichia |  |  |  |  |  |  |  |  |  |  |
| Anaplasmosis |  |  |  |  |  |  |  |  |  |  |
| Fecal Flotation |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |
| Date | Assessment (e.g., problem list, dx) | Treatment (e.g., medications, nutrition, management) | Date Resolved |
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