

## SAMPLE: POULTRY MEDICAL RECORD

<b>Client ID:</b>	<b>Animal ID:</b>
<b>Veterinarian:</b>	<b>Date:</b>

### History / Previous Treatment

Has another veterinarian been consulted?  Yes Dr. \_\_\_\_\_  No

### Presenting Complaint

### Clinical Findings

### Assessment:

Client ID #	
Animal ID #	

**Treatment Plan**

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**Specimens Taken:**

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**Instructions to Client:**

Product	Amount	Route	Frequency	Duration

**Withdrawal Plan**

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\_\_\_\_\_  
Veterinarian

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date