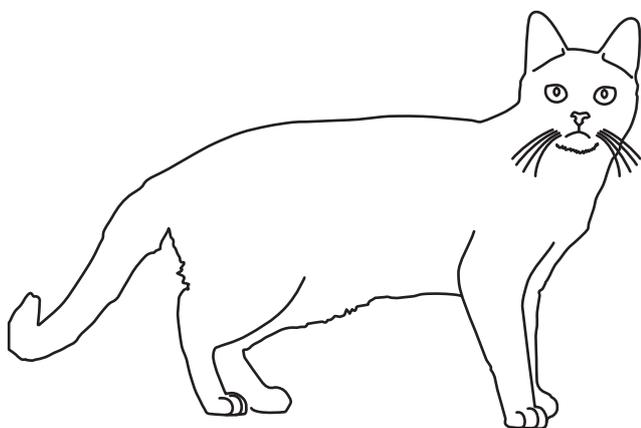




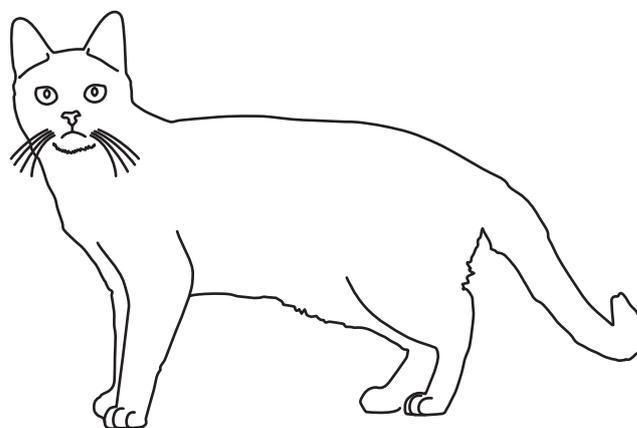
Clínica: _____

Nome do dono: _____

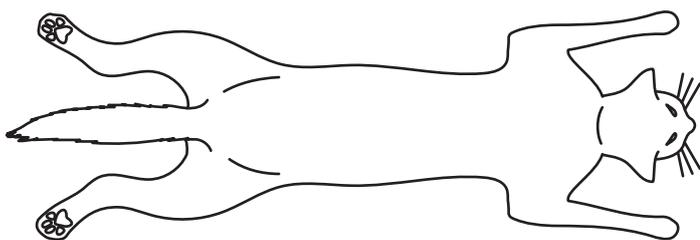
Nome do animal: _____



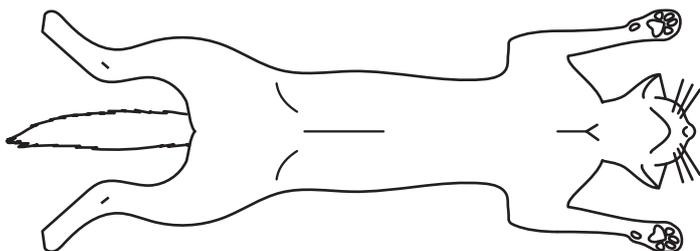
Vista lateral direita



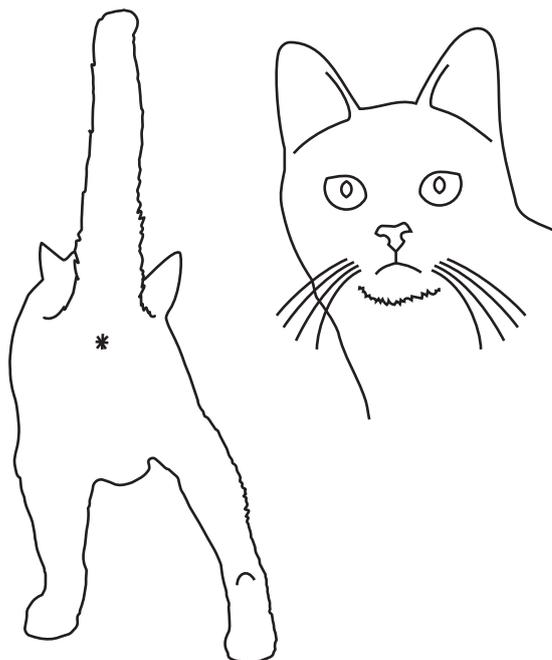
Vista lateral esquerda



Vista Dorsal



Vista Ventre



Vista Traseira