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| **NUMERO DE HISTORIA CLÍNICA VETERINARIA** | **CLASIFICACIÓN** | **PRESTAMO** | | | | **DEVOLUCIÓN** | | | |
| **PACIENTE** | **MV SOLICITANTE** | **FIRMA** | **FECHA DE PRÉSTAMO**  ***(DD-MM-AA)*** | **FECHA DE DEVOLUCIÓN**  ***(DD-MM-AA)*** | **FUNCIONARIO QUE RECIBE** | **VERIFICACIÓN DILIGENCIAMIENTO** | **FIRMA** | |
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**DEPENDENCIA:** **CENTRO CLINICO VETERINARIO**  **AÑO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**