**CENTRO CLINICO VETERINARIO**

FECHA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HISTORIA CLINICA No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PACIENTE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ESPECIE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RAZA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EDAD:\_\_\_\_\_\_\_\_\_PROYECCIÓN SOCIAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

APOYO A LA ACADEMIA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ INVESTIGACIÓN: \_\_\_\_\_\_\_\_\_\_\_\_\_

DIAGNÓSTICO PREQUIRURGICO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DESCRIPCIÓN DEL PROCEDIMIENTO Y HALLAZGOS:

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DIAGNÓSTICO QUIRÚRGICO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Firma: Clínico responsable - Tarjeta profesional**

**Nota:** Todo procedimiento que se solicite y autorice por apoyo a la academia o investigación, deberá tener diligenciado el **FORMATO AUTORIZACIÓN APOYO A LA ACADEMIA / INVESTIGACIÓN** firmado por el director del Centro Clínico Veterinario o del decano de FCAyRN