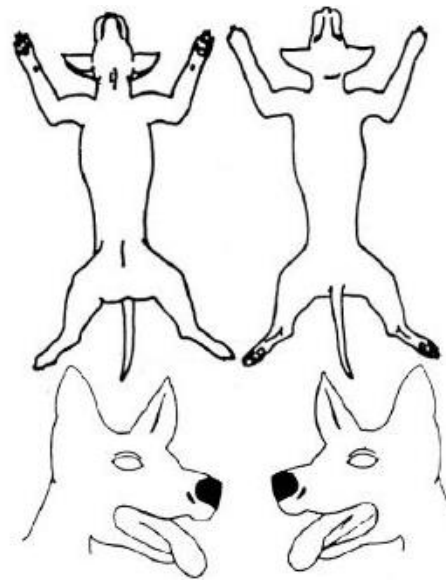


## Medical history format (Appendix S2)

Number:			Date:		
<b>OWNER INFORMATION</b>					
Owner's name:					
Address:					
Phone:					
Mail:					
<b>PATIENT'S DATA</b>					
Name:	Date of birth and age:	Sex: H/M	Breed:	Weigh:	Size:
Particular signs:					
Vaccination: yes / no Date:		Deparasitation: yes / no Date:		Is your dog spayed? yes / no	
Type of food		Fast: yes / no 8h 12h		Origin rural / urban	
Anamnesis:					
T°	Heart rate	Pulse	Mucous	Capillary fill time <i>seg</i>	
Breathing frequency	Palmopercusión	Tusigen reflex	Swallowing reflex	Body condition	
Hydration	Lymphonodes	Abdominal palpation	Attitude		
Observations (eyes, ears, skin and annexes, locomotion, skeletal muscle, nervous, cardiovascular, respiratory, digestive, genitourinary system):					
Previous illnesses or procedures:					