

## INFORME DE LUXACIÓN DE RÓTULA / REPORT PATELLAR LUXATION

|                              |                          |
|------------------------------|--------------------------|
| EXAMINADO POR / EXAMINED BY: |                          |
| VETERINARIO / VET:           | COL. N° / ID NUMBER VET: |
| DIRECCIÓN / ADDRESS:         |                          |
| TELÉFONO / TELEPHONE:        |                          |

|                             |  |
|-----------------------------|--|
| DATOS DEL PERRO / DOG DATA: |  |
| RAZA / BREED:               | F. NACIMIENTO / DOB:   |
| NOMBRE / NAME:              | COLOR / COLOUR:  |
| PESO / WEIGHT:              | HEMBRA / FEMALE <input type="checkbox"/> MACHO / MALE <input type="checkbox"/> |
| N° CHIP / ID NUMBER:        | PROPIETARIO / OWNER:   |

|  |                             |                             |
|--|-----------------------------|-----------------------------|
| SEDACIÓN / SEDATION:                     | SI <input type="checkbox"/> | NO <input type="checkbox"/> |
| EXPLORACIÓN MANUAL / MANUAL EXPLORATION: | SI <input type="checkbox"/> | NO <input type="checkbox"/> |
| RADIOGRAFIAS / RADIOGRAPHS:              | SI <input type="checkbox"/> | NO <input type="checkbox"/> |

**RESULTADO DE LA EXPLORACIÓN/ RESULT OF EXPLORATION:**

|                  |   |   |    |     |    |   |         |        |
|------------------|---|---|----|-----|----|---|---------|--------|
| Derecha / Right  | 0 | I | II | III | IV | V | Lateral | Medial |
| Izquierda / Left | 0 | I | II | III | IV | V | Lateral | Medial |

SELLO VETERINARIO Y FIRMA / VETE STAMP AND SIGNATURE