VAŠ NASLOV IN KONTAKT:                      Datum: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAPOTNICA**

za veterinarja:

|  |
| --- |
| **BIORESONANCA IN AKUPUNKTURA s.p., mag. Peter. Levstek, dr. vet. med.**  E-POŠTA: bioresonancalevstek@gmail.com |

Lastnik živali: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Naslov: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pacient:

|  |  |
| --- | --- |
| Ime: | Vrsta živali: |
| Pasma: | Starost: |
| Spol: | Kastr./steril: |

Anamneza in klinična slika:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

Opravljene preiskave in dosedanje zdravljenje:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

Prosim za vašo storitev:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

Lastnik živali se s podpisom strinja s plačilom stroškov: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Podpis in žig: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_