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|---|--|--|
|  | <b>OPERASI PERKHIDMATAN SOKONGAN<br/>FAKULTI PERUBATAN VETERINAR</b> | Halaman: 1/2   |
|   |  | No. Semakan: <del>02-03</del>  |
|   | <b>Kod Dokumen: UPM/OPR/FPV/AK12</b>                                 | No. Isu: 02  |
|   |  | <b>ARAHAN KERJA PENGENDALIAN<br/>PERKHIDMATAN POST MORTEM DAN BIOPSI</b> |

### 1.0 TUJUAN


Arahan Kerja ini merangkumi semua proses pengendalian perkhidmatan post mortem dan biopsi di FPV.


### 2.0 TERMINOLOGI DAN SINGKATAN

|                              |   |
|------------------------------|---|
| Atendan M                    | : Atendan Makmal  |
| AVO                          | : <i>Assistant Veterinary Officer</i>   |
| KJPMV                        | : Ketua Jabatan Patologi dan Mikrobiologi Veterinar   |
| <i>Notifiable Disease/ND</i> | : Penyakit yang disenaraikan berbahaya dan perlu dilaporkan kepada Pengarah JPH                 |
| Patologis                    | : Pakar bidang patologi atau vet yang menjalankan post mortem dan membuat keputusan post mortem |
| UVH                          | : <i>University Veterinary Hospital</i>   |

### 3.0 ARAHAN

| Bil | Tindakan   | Tanggungjawab |
|-----|--|---------------|
| 1.  | Terima karkas atau spesimen biopsi bersama borang (OPR/FPV/BR085/SSR) yang lengkap dan rekodkan ke dalam: <ul style="list-style-type: none"> <li>a) Buku Log P (FPV/UVH/L602), untuk kes post mortem biasa</li> <li>b) Buku Log E (FPV/UVH/L603) untuk kes post mortem bertujuan penyelidikan</li> <li>c) Buku Log B (FPV/UVH/L651) untuk kes biopsi.</li> </ul> | AVO/Atendan M |
| 2.  | Tentukan samada kes adalah berpenyakit yang ND ataupun bukan ND.   | Patologis     |
| 3.  | Maklumkan kepada KJPMV jika ND untuk tindakan susulan.   | Patologis     |
| 4.  | Tentukan waktu yang sesuai untuk laksanakan post mortem.   | Patologis     |

|   |   |   |
|---|---|---|
|  | <b>OPERASI PERKHIDMATAN SOKONGAN<br/>FAKULTI PERUBATAN VETERINAR</b>  | Halaman: 2/2                                |
|   | <b>Kod Dokumen: UPM/OPR/FPV/AK12</b>  | No. Semakan: <del>02</del> -03              |
|   | <b>ARAHAN KERJA PENGENDALIAN<br/>PERKHIDMATAN POST MORTEM DAN BIOPSI</b>  | No. Isu: 02                                 |
|   |   | Tarikh: <del>20/08/2019</del><br>26/09/2023 |
|   | <p>a) Sekiranya karkas diterima dalam setengah jam sebelum masa post mortem dijalankan, karkas diletakkan di atas meja untuk post mortem.</p> <p>b) Sekiranya karkas diterima pada waktu lain daripada yang telah ditetapkan, simpan karkas dalam bilik sejuk. (Rujuk : Garis Panduan Penyimpanan Spesimen Sebelum dan Selepas Analisis, FPV/UVH(VLSU)/G001).</p> | AVO/Atendan<br>M/Patologis                  |
| 5.  | Lakukan post mortem dan ambil spesimen dari karkas untuk analisis di makmal lain, sekiranya perlu.  | Patologis                                   |
| 6.  | Hantar spesimen bersama borang permohonan ke Makmal Diagnosis berkaitan untuk diuji.  | AVO/Atendan M                               |
| 7.  | Simpan baki spesimen dari karkas untuk kajian susulan.<br><br>(Rujuk: Arahan Kerja Penyediaan, Pengawetan dan Penyimpanan Spesimen, UPM/OPR/FPV/AK13).  | AVO/Atendan M                               |
| 8.  | Uruskan karkas untuk:   | AVO/Atendan M                               |
|   | <p>a) Pembuangan</p> <p>Rujuk: Arahan Kerja Pengurusan Karkas (UPM/OPR/FPV/AK14)</p>  | AVO/Atendan M                               |
|   | <p>b) Pemulangan kepada tuan punya selepas disempurnakan. Catatkan pemulangan karkas dalam buku log P (FPV/UVH/L602) atau buku log E (FPV/UVH/L603).</p>  |   |

|   |   |   |
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|  | <b>OPERASI PERKHIDMATAN SOKONGAN<br/>FAKULTI PERUBATAN VETERINAR</b>        | Halaman: 1/2                                |
|   | <b>Kod Dokumen: UPM/OPR/FPV/AK13</b>  | No. Semakan: <del>02-03</del>               |
|   | <b>ARAHAN KERJA PENYEDIAAN,<br/>PENGAWETAN DAN PENYIMPANAN<br/>SPESIMEN</b> | No. Isu: 02                                 |
|   |   | Tarikh: <del>20/08/2019</del><br>26/09/2023 |

## 1.0 TUJUAN


Arahan Kerja ini merangkumi semua proses penyediaan pengawetan dan penyimpanan spesimen di FPV.

## 2.0 TERMINOLOGI DAN SINGKATAN


- Juruteknik M : Penolong Pegawai Sains, Penolong Pegawai Veterinar, Pembantu Makmal, Pembantu Veterinar
- Spesimen : Merujuk kepada spesimen biologi seperti cecair, tisu, karkas dan Mikroorganisma
- UVH : University Veterinary Hospital

## 3.0 ARAHAN

| Bil | Tindakan   | Tanggungjawab |
|-----|--|---------------|
| 1.  | Kenalpasti spesimen yang hendak diawet dan/atau disimpan.  | Juruteknik M  |
| 2.  | Labelkan spesimen dengan maklumat pengenalan (seperti no. kes dan no. makmal).   | Juruteknik M  |
| 3.  | Pilih cara simpanan, penyediaan dan pengawetan yang akan diguna seperti di bawah :<br><br>a) Peti sejuk/bilik sejuk (4°C)<br>b) Peti sejuk beku ( -20°C dan -80°C)<br>c) Bahan pengawet<br>d) Nitrogen cecair<br><br>(Rujuk: UVH Master list of Laboratory Technique and Clinical Practice Manuals, (FPV/UVH/T001), untuk memilih cara yang berkaitan. | Juruteknik M  |
| 4.  | Catatkan maklumat spesimen dalam:<br><br>a) <i>Worksheet</i> makmal berkaitan untuk - spesimen yang perlu dibuat analisis.<br>b) Untuk simpan spesimen melebihi tempoh penyimpanan maksimum yang ditetapkan catatkan dalam Buku Log Simpanan Spesimen (FPV/UVH/L605).  | Juruteknik M  |

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|  <b>UPM</b><br>UNIVERSITI PUTRA MALAYSIA<br>BERILMU BERAKTI | <b>OPERASI PERKHIDMATAN SOKONGAN<br/>         FAKULTI PERUBATAN VETERINAR</b>                 | Halaman: 2/2                                |
|  | <b>Kod Dokumen: UPM/OPR/FPV/AK13</b>  | No. Semakan: <del>02-03</del>               |
|  | <b>ARAHAN KERJA PENYEDIAAN,<br/>         PENGAWETAN DAN PENYIMPANAN<br/>         SPESIMEN</b> | No. Isu: 02                                 |
|  |   | Tarikh: <del>20/08/2019</del><br>26/09/2023 |

|    |  |              |
|----|--|--------------|
| 5. | Hantar spesimen bersama borang permohonan ke Makmal Diagnosis berkaitan untuk diuji.   | Juruteknik M |
| 6. | Sekiranya berlaku kerosakan pada tempat simpanan:<br>a) Ubah spesimen ke tempat simpanan lain.<br>b) Laporkan untuk tindakan memperbaiki kerosakan dengan mengisi borang Penyelenggaraan, (SOK/PYG/BR017).<br>c) Baiki alatan simpanan yang rosak. | Juruteknik M |
| 7. | Sekiranya bekalan kuasa elektrik pusat terputus:<br>a) Guna janakuasa kecemasan sekiranya ada, dan<br>b) Laporkan untuk tindakan memperbaiki kerosakan dengan mengisi borang Penyelenggaraan, (SOK/PYG/BR017).                                     | Juruteknik M |

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|  <b>UPM</b><br>UNIVERSITI PUTRA MALAYSIA<br>BERILMU BERAKTI | <b>OPERASI PERKHIDMATAN SOKONGAN<br/>         FAKULTI PERUBATAN VETERINAR</b> | Halaman: 1/1                                   |
|  | <b>Kod Dokumen: UPM/OPR/FPV/AK14</b>  | No. Semakan: <del>02-03</del>                  |
|  | <b>ARAHAN KERJA PENGURUSAN KARKAS</b>   | No. Isu: 02                                    |
|  |   | Tarikh:<br><del>20/08/2019</del><br>26/09/2023 |

## 1.0 TUJUAN



Arahan kerja ini merangkumi semua proses mengurus karkas untuk pelupusan di FPV.

## 2.0 TERMINOLOGI DAN SINGKATAN

|                              |   |
|------------------------------|---|
| AVO                          | : <i>Assistant Veterinary Officer</i>   |
| Juruteknik M                 | : Penolong Pegawai Sains, Penolong Pegawai Veterinar, Pembantu Makmal, Pembantu Veterinar |
| <i>Notifiable Disease/ND</i> | : Penyakit yang disenaraikan berbahaya dan perlu dilaporkan kepada Pengarah JPH           |

## 3.0 ARAHAN

| Bil | Tindakan   | Tanggungjawab  |
|-----|--|--|
| 1.  | Terima karkas bersama borang permohonan pembuangan karkas.   | AVO/Juruteknik M                                     |
| 2.  | Daftar permohonan pembuangan karkas dalam Buku Log (FPV/UVH/L602).   | AVO/Juruteknik M                                     |
| 3.  | Uruskan karkas untuk pembuangan mengikut kategori penyakit sebelum dilupuskan.<br><br>(Rujuk: Laboratory Technique Manual, FPV/UVH/T601).<br><br>a) Untuk penyakit ND, dilupuskan segera.<br>b) Untuk penyakit bukan ND, simpan karkas di dalam bilik sejuk sekiranya hari serahan bukan hari pembuangan.<br><br>(Rujuk: Arahan Kerja Penyediaan, Pengawetan dan Penyimpanan Spesimen, UPM/OPR/FPV/AK013). | Juruteknik M<br><br><br>Juruteknik M<br>Juruteknik M |
| 4.  | Gali lubang dan tanam karkas di kawasan yang telah ditetapkan.   | Juruteknik M   |
| 5.  | Uruskan penanaman karkas dengan segera sekiranya bilik sejuk penuh atau tidak berfungsi.   | AVO/Juruteknik                                       |

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|   | <b>OPERASI PERKHIDMATAN SOKONGAN<br/>FAKULTI PERUBATAN VETERINAR</b> | Halaman: <del>1/6</del> <u>1</u>                   |
|   | <b>Kod Dokumen: UPM/OPR/FPV/AK22</b>                                 | No. Semakan: <del>00</del> <u>01</u>               |
|   | <b>ARAHAN KERJA PENDISPENSAN<br/>DRUG/PRODUK</b>                     | No. Isu: 01  |
|   |  | Tarikh: <del>20/08/2019</del><br><u>26/09/2023</u> |

## 1.0 TUJUAN

Arahan Kerja ini merangkumi cara mendispen drug/produk di Farmasi Utama UVH.

## 2.0 TERMINOLOGI DAN SINGKATAN

|     |   |                                     |
|-----|---|-------------------------------------|
| PPF | : | Penolong Pegawai Farmasi            |
| Vet | : | Veterinawan ( <i>Veterinarian</i> ) |
| DD  | : | <i>Dangerous Drug</i>               |

## 3.0 ARAHAN

| Bil. | Tindakan   | Tanggungjawab |
|------|--|---------------|
| 1.   | Terima preskripsi di Patient Medical Record (PMR) – Small Animal Practice (OPR/FPV/BR003/PMR_SAP) atau dalam sistem.   | PPF           |
| 2.   | Semak preskripsi   | PPF           |
|      | 2.1 Pastikan drug/produk ada dalam simpanan di Farmasi Utama   | PPF           |
|      | a) Jika Ya, terus ke langkah 2.2   |               |
|      | b) Jika Tiada, maklumkan kepada Vet untuk perubahan preskripsi   | PPF           |
|      | i. Jika ada perubahan, ikut semula langkah 2.1   |               |
|      | ii. Jika tiada penggantian drug, Vet perlu mengisi borang Drugs Prescription Form OPR/FPV/BR043/DPS <del>E</del> untuk klien mendapatkan bekalan drug dari luar. | Vet           |
|      | 2.2 Semak semula pengiraan dos dan kuantiti yang dibekalkan  | PPF           |
| 3.   | Tulis label mengikut arahan pada preskripsi  | PPF           |
| 4.   | Keluarkan drug/produk dari simpanan <u>kecuali DD</u>  | PPF           |
| 5.   | Dispen drug/produk kepada klien mengikut preskripsi  | PPF           |





**OPERASI PERKHIDMATAN SOKONGAN**

**FAKULTI PERUBATAN VETERINAR  
(HOSPITAL VETERINAR UNIVERSITI)**

Kod Dokumen: OPR/FPV/BR003/PMR\_SAP

**PATIENT MEDICAL RECORD (PMR) – Small Animal Practice**

|                                 |                         |                    |            |  |              |             |         |  |
|---------------------------------|-------------------------|--------------------|------------|--|--------------|-------------|---------|--|
| <b>CLIENT DETAILS</b>           | <b>CLIENT NO.:</b>      |                    |            | <b>PATIENT DETAILS</b>   | DATE :       | VISIT NO. : |         |  |
|                                 | OWNER :                 |                    |            |  | ANIMAL I.D : | CASE NO. :  |         |  |
|                                 | I/C NO. / PASSPORT NO.: |                    |            |  | SPECIES:     | DOB/ AGE:   | SEX:    |  |
|                                 | FULL ADDRESS :          |                    |            |  |              | BREED:      | COLOUR: |  |
|                                 | <b>POSTCODE:</b>        |                    |            |  | VACC. DATE:  | TYPE:       | DUE:    |  |
|                                 | EMAIL:                  |                    |            |  | WORM DATE:   | TYPE:       | DUE:    |  |
| TEL: (H/P)                      | 1. _____                | VACC. DATE:        |            | TYPE:  | DUE:         |             |         |  |
|                                 | 2. _____                | WORM DATE:         |            | TYPE:  | DUE:         |             |         |  |
| (O/H)                           | _____                   | HEARTWORM PREVENT: |            | <input type="checkbox"/> NA <input type="checkbox"/> No <input type="checkbox"/> Yes   TYPE: |              |             |         |  |
| REASON FOR VISIT:               |                         |                    |            |  |              |             |         |  |
| MANAGEMENT:                     |                         |                    |            |  |              |             |         |  |
| HISTORY:                        |                         |                    |            |  |              |             |         |  |
|                                 |                         |                    |            |  |              |             |         |  |
| <b>PHYSICAL EXAMINATION</b>     |                         |                    |            | TEMPERAMENT :  |              | BCS :       |         |  |
| DEHYDRATION :                   | %                       | WEIGHT :           | KG         | TEMP. :  | °C           | PULSE :     | RESP. : |  |
| <b>SYSTEM</b>                   |                         | <b>NAF</b>         | <b>ABN</b> | <b>DESCRIPTION OF FINDINGS USING NO'S ADJACENT.</b>  |              |             |         |  |
| 1.                              | General appearance      |                    |            |  |              |             |         |  |
| 2.                              | Mucous membrane         |                    |            |  |              |             |         |  |
| 3.                              | Integument              |                    |            |  |              |             |         |  |
| 4.                              | Lymph nodes             |                    |            |  |              |             |         |  |
| 5.                              | Cardiovascular          |                    |            |  |              |             |         |  |
| 6.                              | Respiratory             |                    |            |  |              |             |         |  |
| 7.                              | Digestive               |                    |            |  |              |             |         |  |
| 8.                              | Genito-urinary          |                    |            |  |              |             |         |  |
| 9.                              | Musculoskeletal         |                    |            |  |              |             |         |  |
| 10.                             | Nervous system          |                    |            |  |              |             |         |  |
| 11.                             | Eyes                    |                    |            |  |              |             |         |  |
| 12.                             | Ears                    |                    |            |  |              |             |         |  |
| <b>PRELIMINARY PROBLEM LIST</b> |                         |                    |            | <b>PRELIMINARY PLANS</b>   |              |             |         |  |
|                                 |                         |                    |            |  |              |             |         |  |
|                                 |                         |                    |            |  |              |             |         |  |
|                                 |                         |                    |            |  |              |             |         |  |
|                                 |                         |                    |            |  |              |             |         |  |
|                                 |                         |                    |            |  |              |             |         |  |
|                                 |                         |                    |            |  |              |             |         |  |
|                                 |                         |                    |            |  |              |             |         |  |





**OPERASI PERKHIDMATAN SOKONGAN**

**FAKULTI PERUBATAN VETERINAR  
(HOSPITAL VETERINAR UNIVERSITI)**

Kod Dokumen: OPR/FPV/BR004/PMR\_LAP

**PATIENT MEDICAL RECORD (PMR) – Large Animal Practice**

|                                   |                         |            |                                |  |                            |              |  |
|-----------------------------------|-------------------------|------------|--------------------------------|--|----------------------------|--------------|--|
| <b>CLIENT DETAILS</b>             | <b>CLIENT NO.:</b>      |            | <b>PATIENT DETAILS</b>         | DATE :   | VISIT NO. :                |              |  |
|                                   | OWNER :                 |            |                                | ANIMAL I.D :   | CASE NO. :                 |              |  |
|                                   | I/C NO. / PASSPORT NO.: |            |                                | SPECIES :  | DOB/ AGE :                 | SEX :        |  |
|                                   | FULL ADDRESS :          |            |                                | BREED :  | COLOUR :                   |              |  |
|                                   | POSTCODE:<br>EMAIL :    |            |                                | REASON FOR VISIT:                                    |                            |              |  |
| TEL :                             | (H/P)                   | 1. _____   |                                |  |                            |              |  |
|                                   | (O/H)                   | 2. _____   |                                |  |                            |              |  |
|                                   |                         | _____      |                                |  |                            |              |  |
| MANAGEMENT :                      |                         |            |                                |  |                            |              |  |
| HISTORY :                         |                         |            |                                |  |                            |              |  |
| <b>PHYSICAL EXAMINATION</b>       |                         |            |                                | TEMPERAMENT :  |                            | BCS :        |  |
| DEHYDRATION :                     |                         | WEIGHT :   |                                | TEMP. : °C   | PULSE : /min               | RESP. : /min |  |
| <b>SYSTEM</b>                     |                         | <b>NAF</b> | <b>ABN</b>                     | <b>DESCRIPTION OF FINDINGS USING NO'S ADJACENT :</b> |                            |              |  |
| 1.                                | General Appearance      |            |                                |  |                            |              |  |
| 2.                                | Mucous Membranes        |            |                                |  |                            |              |  |
| 3.                                | Integument              |            |                                |  |                            |              |  |
| 4.                                | Nervous                 |            |                                |  |                            |              |  |
| 5.                                | Musculoskeletal         |            |                                |  |                            |              |  |
| 6.                                | Eyes                    |            |                                |  |                            |              |  |
| 7.                                | Ears                    |            |                                |  |                            |              |  |
| 8.                                | Gastrointestinal        |            |                                |  |                            |              |  |
| 9.                                | Respiratory             |            |                                |  |                            |              |  |
| 10.                               | Cardiovascular          |            |                                |  |                            |              |  |
| 11.                               | Genito - urinary        |            |                                |  |                            |              |  |
| 12.                               | Mammary Gland           |            |                                |  |                            |              |  |
| 13.                               | Lymphatic               |            |                                |  |                            |              |  |
| <b>PRELIMINARY PROBLEM LIST :</b> |                         |            | <b>DIFFERENTIAL DIAGNOSES:</b> |  | <b>PRELIMINARY PLANS :</b> |              |  |
|                                   |                         |            |                                |  |                            |              |  |

| DATE   | HISTORY/TREATMENT/PLAN                          |
|--|---|
|  |   |
| <b>COMMENTS :</b>  |   |
| <b>FURTHER INSTRUCTIONS :</b>  |   |
| <b>FINAL DIAGNOSIS :</b>   |   |
| <b>NEXT APPOINTMENT :</b> <input type="checkbox"/> YES [DATE : _____]<br><input type="checkbox"/> NO |   |
| <hr/> <b>CLINICIAN SIGNATURE</b><br><b>NAME :</b>  | <hr/> <b>STUDENT SIGNATURE</b><br><b>NAME :</b> |



**OPERASI PERKHIDMATAN SOKONGAN**

**FAKULTI PERUBATAN VETERINAR  
(HOSPITAL VETERINAR UNIVERSITI)**

Kod Dokumen: OPR/FPV/BR005/HHP

**PREVENTIVE MEDICINE SUMMARY SHEET (HERD HEALTH)**

|                       |                         |          |                        |                   |             |           |      |
|-----------------------|-------------------------|----------|------------------------|-------------------|-------------|-----------|------|
| <b>CLIENT DETAILS</b> | CLIENT NO. :            |          | <b>PATIENT DETAILS</b> | DATE :            | VISIT NO. : |           |      |
|                       | OWNER :                 |          |                        | ANIMAL I.D :      | CASE NO. :  |           |      |
|                       | I/C NO. / PASSPORT NO.: |          |                        | SPECIES:          |             | DOB/ AGE: | SEX: |
|                       | FULL ADDRESS :          |          |                        | BREED:            |             | COLOUR:   |      |
|                       | POSTCODE:<br>EMAIL:     |          |                        | REASON FOR VISIT: |             |           |      |
|                       | TEL: (H/P)              | 1. _____ |                        |                   |             |           |      |
|                       | 2. _____                |          |                        |                   |             |           |      |
| (O/H)                 | _____                   |          |                        |                   |             |           |      |

MANAGEMENT:

HISTORY:

**PROGRAMME : Tick where applicable**

PREGNANCY DIAGNOSIS

DEWORMING

VACCINATION

POST PARTUM EXAM

MASTITIS TEST

HOOF TRIMMING

DEHORNING

EXCISION EXTRA TEATS

CASTRATION

TOOTH RASPING

HEALTH CERTIFICATE EXAM

OTHERS

**ANIMAL ID**

**TREATMENT**





**OPERASI PERKHIDMATAN SOKONGAN**

**FAKULTI PERUBATAN VETERINAR  
(HOSPITAL VETERINAR UNIVERSITI)  
Kod Dokumen: OPR/FPV/BR006/PMR\_AV**

**PATIENT MEDICAL RECORD (PMR) - AVIAN**

|                       |                          |  |                        |              |  |             |  |             |
|-----------------------|--------------------------|--|------------------------|--------------|--|-------------|--|-------------|
| <b>CLIENT DETAILS</b> | <b>CLIENT NO.:</b>       |  | <b>PATIENT DETAILS</b> | DATE :       |  | VISIT NO. : |  |             |
|                       | OWNER :                  |  |                        | ANIMAL I.D : |  | CASE NO. :  |  |             |
|                       | I/C NO. / PASSPORT NO. : |  |                        | SPECIES :    |  | DOB/ AGE :  |  | SEX :       |
|                       | FULL ADDRESS :           |  |                        | BREED :      |  |             |  |             |
|                       | <u>POSTCODE:</u>         |  |                        |              |  |             |  |             |
|                       | EMAIL :                  |  |                        |              |  |             |  |             |
|                       | TEL : (H/P)              |  |                        | 1. _____     |  | 2. _____    |  | (O/H) _____ |

**CLINICIAN :**

**MANAGEMENT :**

**HISTORY :**

**FLOCK HEALTH PROGRAMME:**

**VACCINATION:**

| BREEDER                               | LAYER                            | BROILER                      |
|---------------------------------------|----------------------------------|------------------------------|
| <input type="checkbox"/> Marek's      | <input type="checkbox"/> Marek's | <input type="checkbox"/> ND  |
| <input type="checkbox"/> NDV          | <input type="checkbox"/> NDV     | <input type="checkbox"/> Pox |
| <input type="checkbox"/> IBD          | <input type="checkbox"/> IBD     | <input type="checkbox"/> IBD |
| <input type="checkbox"/> Pox          | <input type="checkbox"/> Pox     | <input type="checkbox"/> IB  |
| <input type="checkbox"/> ILT          | <input type="checkbox"/> IB      | Others:                      |
| <input type="checkbox"/> Fowl Cholera | Others:                          |                              |
| <input type="checkbox"/> AE           |                                  |                              |
| <input type="checkbox"/> IB           |                                  |                              |
| <input type="checkbox"/> CAV          |                                  |                              |
| Others:                               |                                  |                              |
| <b>MEDICATION:</b>                    |                                  |                              |
| Anti-stress/electrolyte               |                                  |                              |
| Antibiotics Coccidiostat              |                                  |                              |
| Anthelmintic                          |                                  |                              |
| Others:                               |                                  |                              |

| PHYSICAL EXAMINATION:                             |                          |                              |                             |
|---|--------------------------|------------------------------|-----------------------------|
| TEMPERAMENT:                                      |                          | BODY SCORE:                  |                             |
| Temp: °C  | Pulse: /min              | Respiration: /min            | BODY WT:                    |
| SYSTEM  |                          | N                            | ABN                         |
| DESCRIBE FINDINGS USING ADJACENT NO' OF ADJACENT: |                          |                              |                             |
| 1. General Appearance                             |                          |                              |                             |
| 2. Mucous Membrane                                |                          |                              |                             |
| 3. Integument                                     |                          |                              |                             |
| 4. Nervous  |                          |                              |                             |
| 5. Muskuloskeletal                                |                          |                              |                             |
| 6. Eyes   |                          |                              |                             |
| 7. Ears   |                          |                              |                             |
| 8. Gastrointestinal                               |                          |                              |                             |
| 9. Respiratory                                    |                          |                              |                             |
| 10. Cardiovascular                                |                          |                              |                             |
| 11. Reproductive                                  |                          |                              |                             |
| 12. Urinary                                       |                          |                              |                             |
| 13. Mammary Gland                                 |                          |                              |                             |
| 14. Lymphatic                                     |                          |                              |                             |
| DIFFERENTIAL DIAGNOSES:                           |                          |                              |                             |
| 1.  |                          |                              |                             |
| 2.  |                          |                              |                             |
| 3.  |                          |                              |                             |
| 4.  |                          |                              |                             |
| DATE  | TREATMENT/PLAN           |                              |                             |
|   |                          |                              |                             |
| DIAGNOSTIC TESTS:                                 |                          | COMMENTS:                    |                             |
| PARASITOLOGY                                      | <input type="checkbox"/> |                              |                             |
| CLINICAL PATH.                                    | <input type="checkbox"/> |                              |                             |
| BACTERIOLOGY                                      | <input type="checkbox"/> |                              |                             |
| X-RAY   | <input type="checkbox"/> |                              |                             |
| ULTRASOUND  | <input type="checkbox"/> |                              |                             |
| PATHOLOGY   | <input type="checkbox"/> |                              |                             |
| VIROLOGY  | <input type="checkbox"/> |                              |                             |
| OTHERS  | <input type="checkbox"/> |                              |                             |
| FURTHER INSTRUCTIONS/ADVICE:                      |                          |                              |                             |
| Revisit   |                          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| FINAL DIAGNOSIS                                   |                          |                              |                             |
|   |                          |                              |                             |
| Clinician Signature : _____                       |                          | Student: _____               |                             |
| Date : _____                                      |                          |                              |                             |



## OPERASI PERKHIDMATAN SOKONGAN

### FAKULTI PERUBATAN VETERINAR (HOSPITAL VETERINAR UNIVERSITI)

Kod Dokumen: OPR/FPV/BR007/P&P

#### PERJANJIAN PENERIMAAN DAN PELEPASAN HAIWAN (AGREEMENT FOR ACCEPTANCE AND RELEASE OF ANIMAL)

##### **SEKSYEN A: SYARAT-SYARAT PENERIMAAN HAIWAN UNTUK DIMASUKKAN KE UVH**

Hospital Veterinar Universiti (UVH-UPM) akan memberikan segala rawatan dan jagaan yang berpatutan kepada haiwan tersebut, tetapi tidak bertanggungjawab di atas kematian, kehilangan atau lain-lain penyakit apa jua sebab.

Tuanpunya atau agen:

- MEMBERI KUASA kepada UVH untuk menjalankan apa jua cara bius, pembedahan dan/atau rawatan kepada haiwan tersebut di atas, sepertimana mereka memutuskan perlu untuk menyelamatkan haiwan tersebut BERSETUJU dan TAHU risiko ubat bius dan risiko pembedahan.
- BERSETUJU untuk membayar kesemua bayaran mengikut kos perkhidmatan yang sedang berkuatkuasa di UVH.
- BERSETUJU untuk mengambil haiwan tersebut selepas diberitahu secara lisan atau emel atau dengan surat berdaftar tidak lewat dari ~~lima~~ tiga hari bekerja selepas tarikh pos. Selepas masa tersebut UVH boleh melupuskan haiwan tersebut sebagaimana yang patut dan tiada ganti rugi akan dibayar.
- BERSETUJU untuk UVH mengambil tindakan yang perlu bagi menyelamatkan haiwan dalam keadaan kecemasan.

~~Post-mortem akan dilakukan ke atas semua haiwan yang mati, kecuali tidak dibenarkan. Karkas hanya akan diserahkan kepada tuanpunya jika diminta.~~

TIDAK DIBENARKAN mengambil gambar atau rakaman video sepanjang tempoh rawatan di Hospital Veterinar Universiti melainkan telah mendapatkan kebenaran daripada pegawai yang bertanggungjawab.

Haiwan hanya akan diterima masuk ke UVH di atas tanggungjawab tuanpunya.

##### **SECTION A : CONDITIONS FOR ACCEPTANCE OF ANIMALS INTO UVH**

*The University Veterinary Hospital (UVH UPM) will provide all responsible care and attention to the patients, but accept no responsibility for death, loss or further disease due to whatsoever cause.*

*The owner or agent:*

- AUTHORIZES the UVH to carry out such anaesthetic procedures, surgical procedures and/or medical treatments of the above animal as they may decide necessary to preserve the life of the said animal and AGREES and AWARE of the anaesthetic risk and surgical procedure risk.*
- AGREES to settle all payments according to the cost of services of the UVH in effect.*
- AGREES to collect the animal after being informed verbally or by email or by registered mail not later than ~~five~~ three working days from date of posting; after which the UVH-UPM may dispose such animal as appropriate and no compensation shall be payable.*
- AGREES to UVH taking necessary actions to safeguard the animal in emergency situations.*

~~*Post-mortem will be performed on all dead animals, unless requested otherwise. The carcass will be returned to the owner only on request.*~~

*Client is NOT ALLOWED to take photos or videos during treatment period within the UVH facilities unless with permission from officer in-charge.*

*All animals are accepted into UVH only at the owner's risk.*

**SEKSYEN B/SECTION B : DATA HAIWAN / ANIMAL DATA**

|   |  |                 |             |
|---|--|-----------------|-------------|
| No. Kes/Case No.  | Nama/ID ID/Name  | Spesies/Species |             |
| Baka/Breed  | Warna/Colour   | Umur/Age        | Jantina/Sex |
| Tujuan * Diwadkan / Peningapan<br>Purpose <del>Warding / Boarding</del> | Tempoh tinggal dari: _____ Ke _____ Bilangan hari _____<br>Staying period from _____ To _____ Number of days   |                 |             |
|   | Lokasi: * Haiwan Kesayangan / Haiwan Besar / Pusat Ekuin / Nyatakan : _____<br>Location: <del>Small Animal / Large Animal / Equine Centre / Others</del> |                 |             |

\* Sila palangkan pada perkara tidak berkaitan/strike-out whichever is not applicable

Saya telah memahami dan menerima syarat-syarat yang telah ditetapkan di atas (SEKSYEN A) untuk haiwan saya seperti ternyata di SEKSYEN B. / I understand and accept the terms as stated above (SECTION A) for my animal as stated in SECTION B.

\_\_\_\_\_  
Tandatangan/Signature

Tarikh / Date : \_\_\_\_\_

Nama tuannya/Agen : \_\_\_\_\_

Name of Owner/Agent

No Kad Pengenalan / I/C No : \_\_\_\_\_

\_\_\_\_\_  
Tandatangan / Signature

Tarikh / Date : \_\_\_\_\_

Nama Staff UVH / : \_\_\_\_\_

Name of UVH Staff

**SEKSYEN C : PELEPASAN HAIWAN DARI UVH****SECTION C : RELEASE OF ANIMAL FROM UVH**

Saya mengesahkan penerimaan balik haiwan saya seperti ternyata di SEKSYEN B pada masa discaj dari UVH dan bersetuju mematuhi syarat-syarat yang telah dinyatakan di SEKSYEN A.

I acknowledge the receipt of my animal as stated in SECTION B at the time of discharge from UVH and agreed to the following terms as stated in SECTION A.

Tarikh/Date: \_\_\_\_\_

\_\_\_\_\_  
Tandatangan :  
Signature

Nama tuannya Agen : \_\_\_\_\_

Name of Owner/Agent

No. Kad Pengenalan: \_\_\_\_\_

I/C No.

**STATUS HAIWAN SEMASA DISCAJ:****ANIMAL STATUS AT DISCHARGE**

\* Hidup/Alive

\* Mati/Dead \*Euthanasia

|                          |                     |
|--------------------------|---------------------|
| <input type="checkbox"/> | PM + Disposal       |
| <input type="checkbox"/> | PM + Return Carcass |
| <input type="checkbox"/> | Disposal only       |
| <input type="checkbox"/> | Take home carcass   |

sila  pada kotak berkaitan  
Please check the appropriate box

\* Sila palangkan pada perkara tidak berkaitan  
strike out whichever is not applicable

**Discaj oleh staf UVH**

Discharge by UVH staff

\_\_\_\_\_  
Tandatangan:  
Signature

Nama: \_\_\_\_\_  
Name

Tarikh/Date: \_\_\_\_\_

NO. SEMAKAN : ~~02~~ 04

NO. ISU : 02

TARIKH KUATKUASA : ~~20/08/2019~~ 26/09/2023

|  |  |
|--|--|
|  <p><b>UPM</b><br/>UNIVERSITI PUTRA MALAYSIA<br/>BERILMU BERBAKTI</p> | <p><b>OPERASI PERKHIDMATAN SOKONGAN</b></p> <p><b>FAKULTI PERUBATAN VETERINAR<br/>(HOSPITAL VETERINAR UNIVERSITI)</b></p> <p>Kod Dokumen: OPR/FPV/BR008/HI</p> |
| <p><b>HORSE IDENTIFICATION</b></p>   |  |

**HORSE IDENTIFICATION:**

| Name of Horse               | Registration Number | Year of Birth | Sex | Colour | Height |
|-----------------------------|---------------------|---------------|-----|--------|--------|
|                             |                     |               |     |        |        |
| <p><b>Microchip no:</b></p> |                     |               |     |        |        |

**Written description (USE BLOCK CAPITALS ONLY-write in blue or black ink)**

Head: \_\_\_\_\_

Legs: LF \_\_\_\_\_

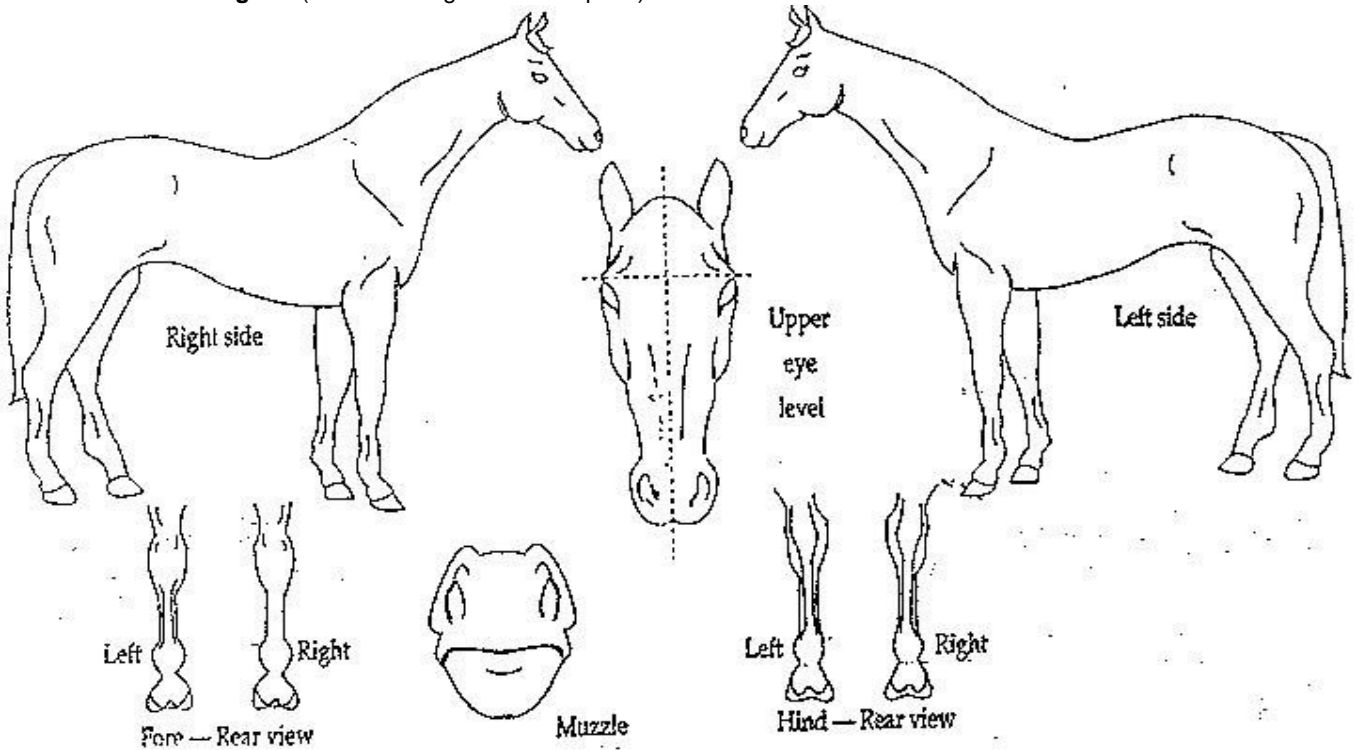
RF \_\_\_\_\_

LH \_\_\_\_\_

RH \_\_\_\_\_

Body : \_\_\_\_\_

**Outline diagram (Draw markings in red ball point)**



**Peraturan Tambahan untuk Kemasukan**

**Kuda**

**~~Additional Conditions for Acceptance of Horses~~**

~~Kuda akan diberi ubat cacing semasa dimasukkan ke Pusat Ekuin yang dibayar oleh klien~~

~~Horses will be dewormed on entering the Equine Centre, at the owner's expense.~~

~~Kuda wajib diberi pelalian sepenuhnya sebelum dibenarkan masuk ke Pusat Ekuin~~

~~Horses shall be fully vaccinated before allowed to enter the Equine Centre~~

~~Pemilik wajib memberi maklumat pemakanan (pelan pemakanan), bekas makanan, kolar kepala yang berlabel dengan sempurna, aksesori penjagaan kuda, dsb.~~

~~Owners shall provide diet sheets (diet plan), feed containers, fully labelled head collars, grooming accessories, etc.~~

~~Ubahsuai tidak dibenarkan ke atas bangsal kuda tanpa mendapat kelulusan dari pengurusan UVH~~

~~No alteration/modifications to the stables are allowed without prior approval from the UVH management~~

~~**SAYA SUDAH MEMBACA DAN MEMAHAMI AKAN SYARAT-SYARAT & PERATURAN YANG TERKANDUNG DI ATAS DAN SETUJU MEMATUHI PERATURAN TERSEBUT.**~~

~~**I HAVE READ AND UNDERSTOOD THE CONDITIONS SET OUT ABOVE AND AGREE TO ABIDE BY THE TERMS AND CONDITIONS.**~~

~~Diterima oleh (tandatangan) :~~ \_\_\_\_\_

~~Accepted by (signature)~~

~~Nama penuh Pemilik/Agen :~~ \_\_\_\_\_

~~Full Name Owner/Agent~~


~~Tarikh :~~ \_\_\_\_\_

~~Date~~

NO. SEMAKAN : ~~02~~ 03

NO. ISU : 02

TARIKH KUATKUASA : ~~20/08/2019~~ 26/09/2023

|   |  |
|---|--|
|  | <b>OPERASI PERKHIDMATAN SOKONGAN</b><br><br><b>FAKULTI PERUBATAN VETERINAR</b><br><b>(HOSPITAL VETERINAR UNIVERSITI)</b><br>Kod Dokumen: OPR/FPV/BR009/EOC |
|   | <b>ESTIMATE OF CHARGES</b>   |

|                    |                              |
|--------------------|------------------------------|
| <b>OWNER :</b>     | <b>ANIMAL I.D :</b>          |
|                    | <b>CASE. NO. :</b>           |
| <b>CLIENT NO.:</b> | <b>SPECIES :</b>             |
| <b>DATE :</b>      | <b>WEIGHT :           KG</b> |

| DETAILS   | Clinic Charges |      | Ward EOC |      |
|---|----------------|------|----------|------|
|   | RM             | Cent | RM       | Cent |
| Consultation                                      |                |      |          |      |
| Procedures  |                |      |          |      |
|   |                |      |          |      |
|   |                |      |          |      |
| Radiology (X-rays)                                |                |      |          |      |
| Clin. Path/Lab                                    |                |      |          |      |
| Hospitalization _____ days @ _____                |                |      |          |      |
| Surgery fees                                      |                |      |          |      |
|   |                |      |          |      |
| Anaesthetic fees – premed                         |                |      |          |      |
| GA  |                |      |          |      |
| Special Examination                               |                |      |          |      |
| Medications                                       |                |      |          |      |
| <b>TOTAL</b>                                      |                |      |          |      |
| <b>Deposit at Least 50% of the Total Ward EOC</b> |                |      |          |      |

Please note, this is an **ESTIMATE ONLY**, and the final charges may differ from the total recorded above.

Owner Signature: \_\_\_\_\_ Veterinarian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Veterinarian Name : \_\_\_\_\_

NO. SEMAKAN : ~~02~~ 03

NO. ISU : 02

TARIKH KUATKUASA : ~~20/08/2019~~ 26/09/2023











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NO. SEMAKAN : ~~03~~-04  
NO. ISU : 02  
TARIKH KUATKUASA : ~~30/06/2022~~-26/9/2023



OPERASI PERKHIDMATAN SOKONGAN

FAKULTI PERUBATAN VETERINAR  
(HOSPITAL VETERINAR UNIVERSITI)

Kod Dokumen: OPR/FPV/BR013/SOE

SUMMARY OF EXPENSES

UNIVERSITY VETERINARY HOSPITAL (UVH), FPV, UPM Universiti Putra Malaysia 43400 Serdang Selangor  
Tel : 603-9769 ~~3954~~/3955/3889 Website :www.vet.upm.edu.my

Instruction : Fill in relevant columns only Date : \_\_\_\_\_

I CASE INFORMATION

Owner's Name : \_\_\_\_\_  
 I/C No / : \_\_\_\_\_  
 Passport No : \_\_\_\_\_  
 No. Tel : 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Postcode : \_\_\_\_\_  
 Email Address : \_\_\_\_\_  
 Case No. : \_\_\_\_\_ Animal ID : \_\_\_\_\_  
 Species : \_\_\_\_\_ B/Weight : \_\_\_\_\_ kg  
 Deposit Paid : \_\_\_\_\_

II CHARGES

A. Consultation

Type :  1<sup>st</sup> Visit  Revisit  Referral  
 Others : \_\_\_\_\_

| Price | Total |
|-------|-------|
|       |       |

B. Transport (if Faculty vehicle is used)

\_\_\_\_\_ Km (two way distance)

Note: \_\_\_\_\_

| Unit Price | Total |
|------------|-------|
|            |       |

C. Drugs/Vaccination

| No.   | Name | Quantity | Unit Price | Total |
|-------|------|----------|------------|-------|
| 1.    |      |          |            |       |
| 2.    |      |          |            |       |
| 3.    |      |          |            |       |
| 4.    |      |          |            |       |
| 5.    |      |          |            |       |
| 6.    |      |          |            |       |
| 7.    |      |          |            |       |
| 8.    |      |          |            |       |
| TOTAL |      |          |            |       |

D. Consumables/ Hospitalization/Food (Special Diet)

| No.   | Name | Quantity | Unit Price | Total |
|-------|------|----------|------------|-------|
| 1.    |      |          |            |       |
| 2.    |      |          |            |       |
| 3.    |      |          |            |       |
| 4.    |      |          |            |       |
| 5.    |      |          |            |       |
| 6.    |      |          |            |       |
| 7.    |      |          |            |       |
| 8.    |      |          |            |       |
| TOTAL |      |          |            |       |

**E. Emergency And ICU Fees/ Medical Procedures/Fluid and Transfusion**

| No.   | Name | Quantity | Unit Price | Total |
|-------|------|----------|------------|-------|
| 1.    |      |          |            |       |
| 2.    |      |          |            |       |
| 3.    |      |          |            |       |
| 4.    |      |          |            |       |
| 5.    |      |          |            |       |
| 6.    |      |          |            |       |
| 7.    |      |          |            |       |
| TOTAL |      |          |            |       |

**F. Diagnostic Imaging**

| No.   | Name | Quantity | Unit Price | Total |
|-------|------|----------|------------|-------|
| 1.    |      |          |            |       |
| 2.    |      |          |            |       |
| TOTAL |      |          |            |       |

**G. In House Laboratory Test (Mini Lab)**

| No.   | Name | Quantity | Unit Price | Total |
|-------|------|----------|------------|-------|
| 1.    |      |          |            |       |
| 2.    |      |          |            |       |
| TOTAL |      |          |            |       |

**H. Surgery/ Anesthesia/Dental Services**

| No.   | Name | Quantity | Unit Price | Total |
|-------|------|----------|------------|-------|
| 1.    |      |          |            |       |
| 2.    |      |          |            |       |
| 3.    |      |          |            |       |
| 4.    |      |          |            |       |
| 5.    |      |          |            |       |
| 6.    |      |          |            |       |
| 7.    |      |          |            |       |
| 8.    |      |          |            |       |
| 9.    |      |          |            |       |
| TOTAL |      |          |            |       |

**I. Laboratory Test (VLSU)**

| No.   | Name                | Quantity | Unit Price | Total |
|-------|---------------------|----------|------------|-------|
| 1.    | VLSU Bacteriology   |          |            |       |
| 2.    | VLSU Clinical Path  |          |            |       |
| 3.    | VLSU Molecular Dx   |          |            |       |
| 4.    | VLSU – Parasitology |          |            |       |
| 5.    | VLSU- Postmortem    |          |            |       |
| 6.    | VLSU Virology       |          |            |       |
| 7.    |                     |          |            |       |
| 8.    |                     |          |            |       |
| 9.    |                     |          |            |       |
| TOTAL |                     |          |            |       |

**GRAND TOTAL**

**III VALIDATION**

I, hereby agreed that the above mentioned treatment/services have been provided

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Date : \_\_\_\_\_

**Requested by Veterinary Officer,**

**Approval by Consultant (If required),**

Signature : \_\_\_\_\_

Name : \_\_\_\_\_


Date : \_\_\_\_\_

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Date : \_\_\_\_\_



|   |   |
|---|---|
|  <div style="display: inline-block; text-align: left; vertical-align: middle;"> <p style="font-size: 2em; font-weight: bold; margin: 0;">UPM</p> <p style="font-size: 0.8em; margin: 0;">UNIVERSITI PUTRA MALAYSIA</p> <p style="font-size: 0.7em; margin: 0;">BERILMU BERSAKTI</p> </div> | <p style="font-weight: bold; margin: 0;">OPERASI PERKHIDMATAN SOKONGAN</p> <p style="font-weight: bold; margin: 5px 0 0 0;">FAKULTI PERUBATAN VETERINAR</p> <p style="font-weight: bold; margin: 0 0 0 0;">(HOSPITAL VETERINAR UNIVERSITI)</p> <p style="margin: 0 0 0 0;">Kod Dokumen: OPR/FPV/BR015/APLP</p> <hr/> <p style="font-weight: bold; margin: 0;">ARAHAN PENJAGAAN LEPAS PEMBEDAHAN</p> |
|---|---|

|              |              |                      |         |  |
|--------------|--------------|----------------------|---------|--|
| Masa Klinik: | Isnin-Khamis | : 8.30 am - 4.30 ptg | Telefon | : 03-9769 3954/3955 (Klinik Haiwan Kesayangan) |
|              | Jumaat       | : 8.30 am - 4.30 pm  |         | : 03-9769 1037 (Wad Haiwan Kesayangan)         |
|              |              | : 8.30 am - 11.45 am |         | : 03-9769 3981 (Ambulatori haiwan Besar)       |
|              |              | : 2.45 pm - 4.00 pm  |         | : 03-9769 3889 (Klinik Avian dan Eksotik)      |
|              |              | (dengan temujanji)   |         |  |

**ARAHAN PENJAGAAN LEPAS PEMBEDAHAN** (untuk perhatian pemilik haiwan):

|                     |   |  |             |   |  |
|---------------------|---|--|-------------|---|--|
| Nama pemilik haiwan | : |  | Pembedahan  | : |  |
| Identiti haiwan     | : |  | Spesis/baka | : |  |
| No. Kes             | : |  | Umur        | : |  |

Veterinarian anda: \_\_\_\_\_

1. Pastikan haiwan anda sentiasa dalam keadaan bersih dan kering.
2. Periksa bahagian pembedahan haiwan setiap hari. Pastikan bahagian yang dijahit masih tertutup, bersih, tiada kesan bengkak, dan tiada sebarang lelehan yang keluar.
3. Sangkarkan atau elakkan haiwan daripada bergerak terlalu bebas selama \_\_\_\_\_.
4. Bagi haiwan kesayangan, jangan mandikan atau guna pasir kucing sekurang-kurangnya 7 hari atau seperti yang dinasihatkan. Pakaikan E-collar sekiranya haiwan menjilat atau mengganggu kawasan jahitan.
5. Bawa haiwan anda ke UVH dan laporkan dengan segera jika berlaku situasi berikut:
  - i. Haiwan menunjukkan tanda tidak sihat atau kesihatannya merosot.
  - ii. Pendarahan.
  - iii. Benang jahitan telah terlerai.
  - iv. Lain-lain:
6. Arahan khusus
7. Sila datang semula ke Hospital ini pada tarikh \_\_\_\_\_ dan masa \_\_\_\_\_ untuk pemeriksaan lanjutan.

Tarikh : \_\_\_\_\_ Tandatangan Veterinarian: \_\_\_\_\_



**OPERASI PERKHIDMATAN SOKONGAN**

**FAKULTI PERUBATAN VETERINAR  
(HOSPITAL VETERINAR UNIVERSITI)**

**Kod Dokumen: OPR/FPV/BR015/APLP**

**ARAHAN PENJAGAAN LEPAS PEMBEDAHAN**

Operation hour: Monday to Thursday : 8.30 am – 4.30 pm  
Friday : 8.30 am – 11.45 am  
2.45 pm – 4.00 pm  
(with appointment only)

Telefon : 03-9769 3954/3955 (Small Animal Clinic)  
03-9769 1037 (Small Animal Ward)  
03-9769 3981 (Large Animal Ambulatory)  
03-9769 3889 (Avian & Exotic Clinic)

**POST SURGERY CARE INSTRUCTION :**

Owner's name : \_\_\_\_\_ Type of surgery : \_\_\_\_\_  
Animal ID : \_\_\_\_\_ Species / Breed : \_\_\_\_\_  
Case No. : \_\_\_\_\_ Age : \_\_\_\_\_

Veterinarian in charge: \_\_\_\_\_

- 8. Clean the animal and its environment all the time.
- 9. Check the suture site daily. Ensure the suture site is clean, dry, not swollen and stitches are intact
- 10. Put the animal in cage to reduce any movement for\_\_\_\_\_.
- 11. For small animal, do not give bath or use litter sand for at least 7 days or as advised by staff. Use E-collar if the animal try to lick or disturb the suture site.
- 12. Bring animal to UVH immediately and inform staff in chargeif any following condition occurs:
  - i. Animal looks sick.
  - ii. Bleeding
  - iii. Suture site not intact
  - iv. Other (s):

Specific instruction:

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- 13. Please come to the hospital on date\_\_\_\_\_and time\_\_\_\_\_for the following check up.


Date : \_\_\_\_\_

Veterinarian signature: \_\_\_\_\_

NO. SEMAKAN : ~~0-2~~03

NO. ISU : 02

TARIKH KUATKUASA : ~~2-0/0-8/2-0-1-9~~26/09/2023

|   |  |
|---|--|
|  | <b>OPERASI PERKHIDMATAN SOKONGAN</b><br><br><b>FAKULTI PERUBATAN VETERINAR</b><br><b>(HOSPITAL VETERINAR UNIVERSITI)</b><br>Kod Dokumen: OPR/FPV/BR017/RPE |
|   | <b>PERMOHONAN UNTUK EUTANASIA/REQUEST TO PERFORM EUTHANASIA</b>  |

Saya, tuan punya haiwan yang tersebut di bawah memohon untuk eutanasia dijalankan pada haiwan tersebut di atas sebab-sebab perikemanusiaan

As owner of the animal described here on, I hereby consent to, and order euthanasia to be performed ~~on same~~ for humane reasons.

Saya tahu dan percaya yang haiwan ini tidak menggigit sesiapa dalam 15 hari yang sudah (jika berkenaan).

To the best of my knowledge and belief this animal has not bitten any person during the fifteen days preceding this date (if applicable).

No kes/Case No: \_\_\_\_\_

ID Haiwan: \_\_\_\_\_  
Animal ID: \_\_\_\_\_

Nama staf UVH: \_\_\_\_\_  
Name of UVH staff: \_\_\_\_\_

Species/Species: \_\_\_\_\_

Tandatangan: \_\_\_\_\_  
Signature: \_\_\_\_\_

Baka/Breed: \_\_\_\_\_

Tarikh/Date: \_\_\_\_\_

Warna/Colour: \_\_\_\_\_

Umur/Age: \_\_\_\_\_

Jantina/Sex: \_\_\_\_\_

Nama tuannya/agen: \_\_\_\_\_  
Name of owner/agent: \_\_\_\_\_

Saksi kepada kebenaran euthanasia melalui telefon apabila tuannya haiwan tidak dapat hadir untuk ~~menandatangani~~ menandatangani borang permohonan.

No.K/Pengenalan / No. Passport : \_\_\_\_\_  
I/C No. / Passport No: \_\_\_\_\_

Witness in the absence of owner, consent via telephone

Tandatangan: \_\_\_\_\_  
Signature: \_\_\_\_\_

Tarikh/Date: \_\_\_\_\_

Nama saksi/  
Witness Name : \_\_\_\_\_

No.K/P/ I/C No. /  
No. Passport/ : \_\_\_\_\_  
Passport No: :

Tandatangan/ : \_\_\_\_\_  
Signature

Tarikh/Date: : \_\_\_\_\_



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NO. SEMAKAN : ~~02~~ 03

NO. ISU : 02

TARIKH KUATKUASA : ~~20/08/2019~~ 26/7/2023

1 drp. ~~4~~ 2



**OPERASI PERKHIDMATAN SOKONGAN**

**FAKULTI PERUBATAN VETERINAR  
(HOSPITAL VETERINAR UNIVERSITI)**

Kod Dokumen: OPR/FPV/BR019/HCSRA

**HEALTH CARE SCHEDULE FOR RESIDENT ANIMALS**

Animal ID: \_\_\_\_\_ Species: \_\_\_\_\_ Sex : \_\_\_\_\_ DOB/Age: \_\_\_\_\_

VO/AVO Ward : \_\_\_\_\_ Year: \_\_\_\_\_

| Month      | Tasks  | Remarks/Name   | Month       | Tasks   | Remarks/Name   |
|------------|--|----------------|-------------|---|----------------|
| Jan        | Blood & Urine profile screening/ <del>heartworm</del> Blood Parasite Screening |                | July        | <del>Blood screening/ heartworm</del> Blood & Urine profile screening/ Blood Parasite Screening |                |
| Jan        | Fecal sampling   |                | July        | Fecal sampling  |                |
| Jan        | Weight   |                | July        | <del>Vaccination</del> -Weight  |                |
| Jan        | Bath/ear / <u>nail trimming</u>  | <u>○ ○ ○ ○</u> | July        | Bath/ear/ <u>nail trimming</u>  | <u>○ ○ ○ ○</u> |
| Jan        | <u>Heartworm &amp; Flea/Tick Control</u><br><del>Flea/tick count</del>         |                | <u>July</u> | <u>Heartworm &amp; Flea/Tick Control</u><br><del>Flea/tick count</del>                          |                |
| Jan        | Deworm   |                | <u>July</u> | <u>Deworm</u>   |                |
| Jan        | <u>Blood Pressure</u>  |                | <u>July</u> | <u>Blood Pressure</u>   |                |
| <u>Jan</u> | <u>Dental scalling</u>   |                | <u>July</u> | <u>Vaccination</u>  |                |
| -          | -  | -              | <u>July</u> | <u>Dental scalling</u>  |                |
| Feb        | <del>Flea/Tick count</del><br><u>Weight</u>                                    |                | Aug         | <del>Heartworm</del> - <u>Weight</u>  |                |
| Feb        | Heartworm & <u>Flea/Tick Control</u>   |                | Aug         | <u>Heartworm &amp; Flea/Tick Control</u><br><del>Flea/tick count</del>                          |                |
| Feb        | Bath/ear / <u>nail trimming</u>  | <u>○ ○ ○ ○</u> | Aug         | <del>Weight</del> - <u>Bath/ear /nail trimming</u>  | <u>○ ○ ○ ○</u> |
| Feb        | <del>Bath/ear</del>  |                | Aug         | <del>Bath/ear</del>   |                |
| Mar        | <del>Heartworm</del><br><u>Heartworm &amp; Flea/Tick Control</u>               |                | Sept        | <del>Heartworm</del> - <u>Heartworm &amp; Flea/Tick Control</u>                                 |                |

|                       |   |                |                       |   |                |
|-----------------------|---|----------------|-----------------------|---|----------------|
| Mar                   | Fecal sampling  |                | Sept                  | Fecal sampling  |                |
| Mar                   | Weight  |                | Sept                  | Weight  |                |
| Mar                   | Bath/ear / <a href="#">Nail Trimming</a>  | <u>○ ○ ○ ○</u> | Sept                  | Bath/ear / <a href="#">Nail Trimming</a>  | <u>○ ○ ○ ○</u> |
| Apr                   | Blood & Urine screening/<br><del>Heartworm</del> <a href="#">Blood-Parasite Screening</a> |                | Oct                   | Blood & Urine screening/<br><del>Heartworm</del> <a href="#">Blood-Parasite Screening</a> |                |
| Apr                   | Weight  |                | Oct                   | <del>Flea/tick count</del> Weight   |                |
| Apr                   | <del>Flea/tick count</del> <a href="#">Heartworm &amp; Flea/Tick Control</a>              |                | Oct                   | <del>Weight</del> <a href="#">Heartworm &amp; Flea/Tick Control</a>                       |                |
| <a href="#">April</a> | <a href="#">Deworm</a>  |                | <a href="#">April</a> | <a href="#">Deworm</a>  |                |
| Apr                   | Bath/ear <a href="#">Nail Trimming</a>  | <u>○ ○ ○ ○</u> | Oct                   | Bath/ear <a href="#">Nail Trimming</a>  | <u>○ ○ ○ ○</u> |
| May                   | <del>Heartworm</del> <a href="#">Heartworm &amp; Flea/Tick Control</a>                    |                | Nov                   | <del>Heartworm</del> <a href="#">Heartworm &amp; Flea/Tick Control</a>                    |                |
| May                   | Fecal sampling  |                | Nov                   | Fecal sampling  |                |
| May                   | Weight  |                | Nov                   | Weight  |                |
| May                   | Bath/ear <a href="#">Nail Trimming</a>  | <u>○ ○ ○ ○</u> | Nov                   | Bath/ear <a href="#">Nail Trimming</a>  | <u>○ ○ ○ ○</u> |
| June                  | Weight  |                | Dec                   | <del>Heartworm</del> -Weight  |                |
| June                  | <del>Flea/tick count</del> <a href="#">Heartworm &amp; Flea/Tick Control</a>              |                | Dec                   | <del>Flea/tick count</del> <a href="#">Heartworm &amp; Flea/Tick Control</a>              |                |
| June                  | <del>Heartworm</del>  |                | Dec                   | <del>Weight</del>   |                |
| June                  | Bath/ear <a href="#">Nail Trimming</a>  | <u>○ ○ ○ ○</u> | Dec                   | Bath/ear <a href="#">Nail Trimming</a>  | <u>○ ○ ○ ○</u> |

- Blood screening – Blood parasite & preanesthetic screening (q3 months)
- Fecal sampling – feces for endoparasite (worm, coccidia) (q2 months – every odd month)
- [Deworming-q3month](#)
- [Flea/tick control every month](#)
- Bath/ear/weight – Bath, ear cleaning and body weight recording (q1 month) , [weekly bath for canine](#)
- Heartworm prevention – the first week of every month
- Vaccination – 3<sup>rd</sup> of July
- [Blood Pressure & Dental Scalling every 6 month](#)



**OPERASI PERKHIDMATAN SOKONGAN**

**FAKULTI PERUBATAN VETERINAR  
(HOSPITAL VETERINAR UNIVERSITI)  
Kod Dokumen: OPR/FPV/BR020/BLOOD**

**BLOOD DONATION RECORD FOR RESIDENT**

Animal ID: \_\_\_\_\_ Species: \_\_\_\_\_ Sex : \_\_\_\_\_ DOB/Age: \_\_\_\_\_

VO/AVO Ward : \_\_\_\_\_ Year: \_\_\_\_\_

| No | Date | Qty.<br>(ml) | Recipient<br>(name/case no.) | Remarks (post-<br>donation care, etc.) | Staff |
|----|------|--------------|------------------------------|--|-------|
| 1  |      |              |                              |  |       |
| 2  |      |              |                              |  |       |
| 3  |      |              |                              |  |       |
| 4  |      |              |                              |  |       |
| 5  |      |              |                              |  |       |
| 6  |      |              |                              |  |       |
| 7  |      |              |                              |  |       |
| 8  |      |              |                              |  |       |
| 9  |      |              |                              |  |       |
| 10 |      |              |                              |  |       |
| 11 |      |              |                              |  |       |
| 12 |      |              |                              |  |       |
| 13 |      |              |                              |  |       |
| 14 |      |              |                              |  |       |
| 15 |      |              |                              |  |       |
| 16 |      |              |                              |  |       |
| 17 |      |              |                              |  |       |

**References:**

- Physical Examination **MUST BE** performed on every resident/donor intended for blood donation
- Max. frequency of donation **for both cats and dogs is one month**
  - ~~Dog – not more than q2-weeks~~
  - ~~Cat – not more than q3-weeks~~
- Max. quantity – not more than 20% total blood volume
  - Total blood volume
    - Dog : 85 – 95 ml/kg
    - Cat : 65 – 75 ml/kg
- Post donation care (recorded under “Remarks”)
  - *Ferrous sulphate* 15 mg/kg twice a day for one week

NO. SEMAKAN : ~~02~~ 03

NO. ISU : 02

TARIKH KUATKUASA : ~~20/08/2019~~ 26/07/2023



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NO. SEMAKAN : 02 03

NO. ISU : 02

TARIKH KUATKUASA : 20/08/2019 26/9/2023

1 drp. 1



**OPERASI PERKHIDMATAN SOKONGAN**

**FAKULTI PERUBATAN VETERINAR  
(HOSPITAL VETERINAR UNIVERSITI)  
Kod Dokumen: OPR/FPV/BR024/PMR\_SM**

**PATIENT MEDICAL RECORD – (PMR) – FOR SWINE MEDICINE**

**CLIENT DETAILS**

|                  |  |
|------------------|--|
| OWNER :          |  |
| FULL ADDRESS :   |  |
| Tel : (office) : |  |
| (hp) :           |  |
| (hse) :          |  |

|                  |  |          |  |
|------------------|--|----------|--|
| CLIENT NO :      |  | DATE :   |  |
| SOW POPULATION : |  | BREEDS : |  |

**PRIMARY COMPLAINT (S) (tick  where applicable)**

|                          |   |                          |   |                          |   |
|--------------------------|---|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | <del>enteric</del> <u>Enteric</u> disorder        | <input type="checkbox"/> | <del>nervous</del> <u>Neuro</u> signs                 | <input type="checkbox"/> | <del>sudden</del> <u>Sudden</u> death             |
| <input type="checkbox"/> | <del>septicemia</del> <u>Septicemia</u> syndromes | <input type="checkbox"/> | <del>lameness</del> <u>Lameness</u>                   | <input type="checkbox"/> | <del>respiratory</del> <u>Respiratory</u> disease |
| <input type="checkbox"/> | <del>skin</del> <u>Skin</u> diseases              | <input type="checkbox"/> | <del>reproductive</del> <u>Reproductive</u> disorders | <input type="checkbox"/> | <del>others</del> <u>Others</u>                   |

**AGE GROUP(S) INVOLVED (tick  where applicable)**

|                          |   |                          |  |                          |                       |
|--------------------------|---|--------------------------|--|--------------------------|-----------------------|
| <input type="checkbox"/> | <del>preweaned</del> <u>Preweaned</u> piglets | <input type="checkbox"/> | <del>early</del> <u>Early</u> post weaned pigs | <input type="checkbox"/> | Late post weaned pigs |
| <input type="checkbox"/> | Growing pigs                                  | <input type="checkbox"/> | <del>adult</del> <u>Adult</u> pigs             | <input type="checkbox"/> | All age groups        |

**CLINICAL PREVALENCE**

|   |  |
|---|--|
| MORBIDITY ESTIMATES (%) :                       |  |
| MORTALITY ESTIMATES (%) :                       |  |
| DURING OF PROBLEM (or date of observed onset) : |  |

**HISTORY AND OBSERVATION (relevant details only)**

NO. SEMAKAN : ~~02~~ 03  
 NO. ISU : 02  
 TARIKH KUATKUASA : ~~20/08/2019~~ 26/09/2023

POST MORTEM FINDINGS:

CLINICAL DIAGNOSIS:

LABORATORY DIAGNOSIS: APPLICABLE?

NO

YES

| SAMPLES <del>COLLECTED</del> COLLECTED | TESTS | COMMENTS |
|--|-------|----------|
|  |       |          |

TREATMENT/CONTROL RECOMMENDATIONS :

CLINICIAN :

DATE :

NO. SEMAKAN : ~~02~~ 03

NO. ISU : 02

TARIKH KUATKUASA : ~~20/08/2019~~ 26/09/2023



**OPERASI PERKHIDMATAN SOKONGAN**

**FAKULTI PERUBATAN VETERINAR (HOSPITAL VETERINAR UNIVERSITI)**

Kod Dokumen: OPR/FPV/BR025/TPF

**TREATMENT PLAN FORM**

Sheet

|                      |                                   |
|----------------------|-----------------------------------|
| <b>CASE NO. :</b>    | <b>VET-IN-CHARGE :</b>            |
| <b>NAME (ID) :</b>   | <b>AVO/VA :</b>                   |
| <b>BODY WEIGHT :</b> | <b>STUDENT-IN-CHARGE (DVM5) :</b> |
| <b>OWNER ID :</b>    | <b>(DVM4) :</b>                   |

| PROBLEM | TREATMENT PLAN | DATE  |       |       |       |       |       |       |       |       |        |
|---------|----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|
|         |                | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | Day 8 | Day 9 | Day 10 |
|         |                |       |       |       |       |       |       |       |       |       |        |
|         |                |       |       |       |       |       |       |       |       |       |        |
|         |                |       |       |       |       |       |       |       |       |       |        |
|         |                |       |       |       |       |       |       |       |       |       |        |
|         |                |       |       |       |       |       |       |       |       |       |        |
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|   |   |
|---|---|
|  | <b>OPERASI PERKHIDMATAN SOKONGAN</b><br><br><b>FAKULTI PERUBATAN VETERINAR</b><br><b>(HOSPITAL VETERINAR UNIVERSITI)</b><br>Kod Dokumen: OPR/FPV/BR026/DF |
|   | <b>DERMATOLOGY FORM/PATIENT HISTORY</b>   |

Case No: \_\_\_\_\_ Date: \_\_\_\_\_

Client \_\_\_\_\_

Telephone Number: H/P \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_

Animal's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_

**Please tick (✓) in the appropriate boxes.**

**PRESENTING COMPLAINT:**

**What is the skin problem?**

|                                    |                                       |                                   |
|------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Itching   | <input type="checkbox"/> Loss of hair | <input type="checkbox"/> Rash     |
| <input type="checkbox"/> Oily skin | <input type="checkbox"/> Dry skin     | <input type="checkbox"/> Dandruff |
| <input type="checkbox"/> Redness   | <input type="checkbox"/> Odour        | <input type="checkbox"/> Other    |

**SKIN DISEASE HISTORY:**

**At what age do you first notice the skin problem?** \_\_\_\_\_

**What did the problem look like when it first started?**

|                                  |                                    |   |
|----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Itching | <input type="checkbox"/> Hair loss | <input type="checkbox"/> Rash/red spots |
| <input type="checkbox"/> Pimples | <input type="checkbox"/> Redness   | <input type="checkbox"/> Others         |

**Where did it start?**

|                                    |                                      |                                     |
|------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Nose      | <input type="checkbox"/> Around eyes | <input type="checkbox"/> Ears       |
| <input type="checkbox"/> Neck      | <input type="checkbox"/> Back        | <input type="checkbox"/> Rump       |
| <input type="checkbox"/> Tail      | <input type="checkbox"/> Front legs  | <input type="checkbox"/> Front paws |
| <input type="checkbox"/> Back legs | <input type="checkbox"/> Back paws   | <input type="checkbox"/> Chest      |
| <input type="checkbox"/> Arm pit   | <input type="checkbox"/> Stomach     | <input type="checkbox"/> Groin      |

**Has it spread?**  No  Yes (Where? \_\_\_\_\_)

**If your pet itches, how bad is it?** \_\_\_\_\_ (Grading between 1-10)

**Where does your pet scratch, bite, chew or rub?**

|                                    |                                      |                                     |
|------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Nose      | <input type="checkbox"/> Around eyes | <input type="checkbox"/> Ears       |
| <input type="checkbox"/> Neck      | <input type="checkbox"/> Back        | <input type="checkbox"/> Rump       |
| <input type="checkbox"/> Tail      | <input type="checkbox"/> Front legs  | <input type="checkbox"/> Front paws |
| <input type="checkbox"/> Back legs | <input type="checkbox"/> Back paws   | <input type="checkbox"/> Chest      |
| <input type="checkbox"/> Arm pit   | <input type="checkbox"/> Stomach     | <input type="checkbox"/> Groin      |

**Does your pet have fleas?**  Yes  No  Did have

**Do/did you use any of the following?**

|                                      |                                     |                                      |
|--------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Flea collar | <input type="checkbox"/> Flea spray | <input type="checkbox"/> Flea powder |
| <input type="checkbox"/> Tick collar | <input type="checkbox"/> Tick spray | <input type="checkbox"/> Others      |

Name of product: \_\_\_\_\_

**Any other parasite problem?**  Tick  Mites  Lice

**Do you use insecticide in your home?**  No  Yes \_\_\_\_\_

**Have your pet been out of its normal area (holidays – visit – boarded, etc?)**  No  Yes

(Where? \_\_\_\_\_) When? (\_\_\_\_\_)

**What medication have you used on your pet since the problem started?**

Oral \_\_\_\_\_

Topicals (shampoos, rinses, creams, ointments, etc) \_\_\_\_\_

Injection \_\_\_\_\_

Did they help? Which one(s)? \_\_\_\_\_

## GENERAL HEALTH STATUS

If your pet is female, has she had a normal heat cycles?  Yes  No

When heat last appeared? \_\_\_\_\_ Any problem? \_\_\_\_\_

If male, does he have normal interest in females?  Yes  No

If your pet is neutered, at what age was it done? \_\_\_\_\_

### Does your pet have any of the following problems?

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Ear infection        | <input type="checkbox"/> Poor appetite         | <input type="checkbox"/> Excessive appetite |
| <input type="checkbox"/> Drinking excessively | <input type="checkbox"/> Urinating excessively | <input type="checkbox"/> Vomit              |
| <input type="checkbox"/> Diarrhea             | <input type="checkbox"/> Cough                 | <input type="checkbox"/> Sneeze             |
| <input type="checkbox"/> Runny eyes/nose      | <input type="checkbox"/> Limp                  | <input type="checkbox"/> Worms              |

Does your pet have any other illnesses?

\_\_\_\_\_

## DIETARY HISTORY

What type of food do you feed your pet?

|                                       |             |       |
|---------------------------------------|-------------|-------|
| <input type="checkbox"/> Canned       | Brand name  | _____ |
| <input type="checkbox"/> Dry          | Brand name  | _____ |
| <input type="checkbox"/> Home cooked  | Ingredients | _____ |
| <input type="checkbox"/> Table scraps | Main food   | _____ |

Do you give treats (eg. bread, ice-cream, milk)?  No  Yes

(Name them: \_\_\_\_\_)

Do you give food supplements or vitamins?  No  Yes

(Name them: \_\_\_\_\_)

## ENVIRONMENTAL/CONTACT HISTORY

Do you have any other pets at home?  No  Yes

(List: \_\_\_\_\_)

Do any of them have skin problem?  No  Yes

(Explain: \_\_\_\_\_)

Do any people in the household have skin problem?  No  Yes

(Explain: \_\_\_\_\_)

Where do your pet stay?  Indoors \_\_\_\_\_ %  Outdoors \_\_\_\_\_ %

Are symptoms worse:  Indoors  Outdoors  Morning  Night

Do any relatives of your pet have skin problem?  No  Yes

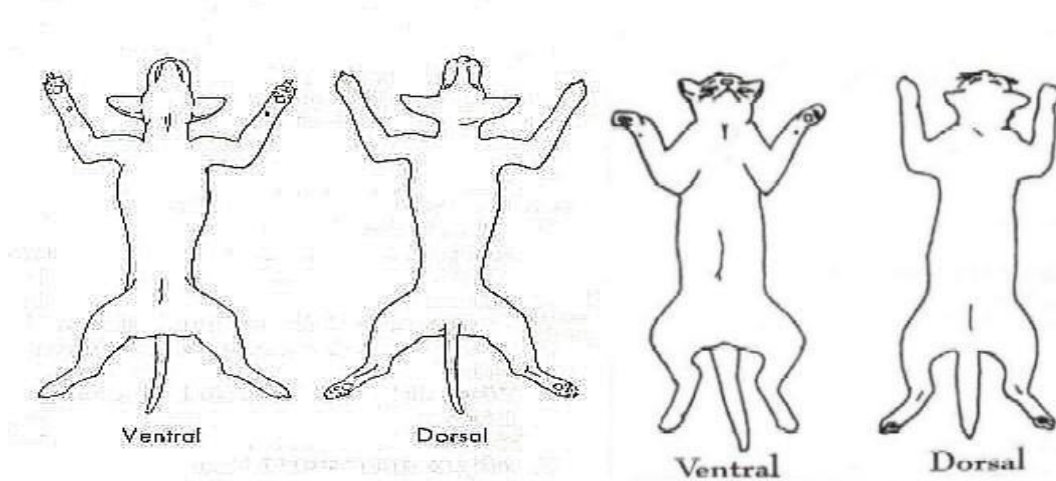
(Describe \_\_\_\_\_)

## VETERINARIAN'S REPORT

**Visit:**  1<sup>st</sup> opinion    Second opinion    Referral    **Time in:** \_\_\_\_\_    **Visit No:** \_\_\_\_\_

**DISTRIBUTION OF LESIONS:**

Bilaterally symmetrical     Asymmetrical



Photos?  No    Yes (with whom? \_\_\_\_\_)

**HAIR COAT CHANGES:**

**SKIN CHANGES**

|  |  |  |   |  |
|--|--|--|---|--|
| <input type="checkbox"/> change in coat colour | <input type="checkbox"/> brittle coat    |  | <input type="checkbox"/> normal           | <input type="checkbox"/> thick           |
| <input type="checkbox"/> easy epilation        | <input type="checkbox"/> dry coat        |  | <input type="checkbox"/> thin             | <input type="checkbox"/> fragile         |
| <input type="checkbox"/> hypotrichosis         | <input type="checkbox"/> oily coat       |  | <input type="checkbox"/> hypotonic        | <input type="checkbox"/> hyperextensible |
| <input type="checkbox"/> hypertrichosis        | <input type="checkbox"/> primary hairs   |  | <input type="checkbox"/> increased laxity | <input type="checkbox"/> Nikolsky sign   |
|  | <input type="checkbox"/> secondary hairs |  | <input type="checkbox"/> Diascopy         |  |

**LESIONS:**

| Primary Lesions                           | Secondary Lesions                             |   |
|---|---|---|
| <input type="checkbox"/> Abscess          | <input type="checkbox"/> Alopecia             | <input type="checkbox"/> Hyperkeratosis   |
| <input type="checkbox"/> Cyst             | <input type="checkbox"/> Callus               | <input type="checkbox"/> Hypopigmentation |
| <input type="checkbox"/> Erythema-purpura | <input type="checkbox"/> Comedone             | <input type="checkbox"/> Scale            |
| <input type="checkbox"/> Macule-patch     | <input type="checkbox"/> Crust                | <input type="checkbox"/> Sinus            |
| <input type="checkbox"/> Nodule           | <input type="checkbox"/> Epidermal collarette | <input type="checkbox"/> Fissure          |
| <input type="checkbox"/> Papule-plaque    | <input type="checkbox"/> Erosion              | <input type="checkbox"/> Lichenification  |
| <input type="checkbox"/> Pustule          | <input type="checkbox"/> Excoriation          | <input type="checkbox"/> Scar             |
| <input type="checkbox"/> Tumour           | <input type="checkbox"/> Fistula              | <input type="checkbox"/> Ulcer            |
| <input type="checkbox"/> Vesicle-bulla    | <input type="checkbox"/> Follicular cast      |   |
| <input type="checkbox"/> Wheal            | <input type="checkbox"/> Hyperpigmentation    |   |

**ECTOPARASITES:**

|                                |                                    |                                |                               |                                 |
|--------------------------------|------------------------------------|--------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> Fleas | <input type="checkbox"/> Flea dirt | <input type="checkbox"/> Ticks | <input type="checkbox"/> Lice | <input type="checkbox"/> Others |
|--------------------------------|------------------------------------|--------------------------------|-------------------------------|---------------------------------|

**OTHER FINDINGS:**

|  |  |
|--|--|
| <input type="checkbox"/> Oral                    | <input type="checkbox"/> Anogenital          |
| <input type="checkbox"/> Lymph nodes             | <input type="checkbox"/> Claws               |
| <input type="checkbox"/> Ears L                  | <input type="checkbox"/> Footpads            |
| R  | <input type="checkbox"/> Lip                 |
| <input type="checkbox"/> Mucocutaneous junctions | <input type="checkbox"/> Pinnal-pedal reflex |
| <input type="checkbox"/> Pruritus (between 1-10) | <input type="checkbox"/> Others              |

**DIFFERENTIAL DIAGNOSES:**

**Parasitic:**  Flea infestation  Tick infestation  Demodicosis  Sarcoptic mange  Notoedric mange  
 Otodectic infection/mange  Cheyletiellosis  Lice infestation  
 Fur mite  Others \_\_\_\_\_

**Bacterial:**  Chin pyoderma  Superficial pyoderma ( Folliculitis  Impetigo  Mucocutaneous pyoderma)  
 Deep pyoderma ( Furunculosis/fistula  Pododermatitis  Abscess)  Dermatophilosis  Mycobacterial  
 granulomas  Nocardiosis  Meliodosis  Others \_\_\_\_\_

**Fungal:** Dermatophytosis ( Microsporum  Trichopyton)  Malassezia dermatitis  Sporotrichosis  
 Cryptococcosis  Histoplasmosis  Others \_\_\_\_\_

**Viral, Rickettsial, Protozoal:**  FeLV  FIV  Feline cowpox  FIP  FVR  FCV  CD  
 Ehrlichiosis  FIA  Toxoplasmosis  Brucellosis  Others \_\_\_\_\_

**Immunologic:**  Flea allergy  Food allergy  Atopy  Contact allergy  [parasitic Hypersensitivity \_\_\_\_]  
 Bacterial ( Staphylococcal hypersensitivity)  PF  DLE  Cutaneous drug reaction  EM  TEN  
 Vasculitis  Alopecia areata  Others \_\_\_\_\_

**Keratinisation defect:** [Seborrhea:  Primary  secondary],  Acne  Sebaceous adenitis  Ichthyosis  
 Zinc-responsive  Vitamin A responsive  Tail gland hyperplasia  Others \_\_\_\_\_

**Environmental skin disorders:**  Solar dermatitis  Irritant contact dermatitis  Burns  Callus and  
 hygroma  Callus dermatitis and pyoderma  Pyotraumatic dermatitis  Fold pyoderma  Calcinosis cutis  
 Snake bites  Foreign bodies  Others \_\_\_\_\_

**Acquired alopecia:**  Excessive shedding  Traction alopecia  Injection reaction  Pinnal alopecia  
 Follicular dysplasia  Colour dilution alopecia  Trichoptilosis  Anagen and telogen defluxion  
 Feline symmetrical alopecia  Others \_\_\_\_\_

**Congenital/Hereditary defects:**  Idiopathic facial dermatitis  Epidermal dysplasia  Follicular  
 dysplasia  Others \_\_\_\_\_

**Disorders of pigmentation:**  Lentigo  Epidermal nevus  Vitiligo  Post-inflammatory  Others \_\_\_\_\_

**Endocrine:**  Hypothyroidism  Hyperadrenocortism  Sex hormone  Others \_\_\_\_\_

**Psychogenic dermatoses**  Psychogenic alopecia  Others \_\_\_\_\_

**Neoplasia:**  Papilloma  Lipoma  MCT  SCC  TVT  Melanoma  Others \_\_\_\_\_

**Miscellaneous:**  ECG  Plasma cell pododermatitis  Cellulitis  Panniculitis  Others \_\_\_\_\_

**DIAGNOSTIC WORK-UP AND RESULTS:**

|   |   |
|---|---|
| <input type="checkbox"/> Skin scrape (superficial/deep) | <input type="checkbox"/> Bacterial culture            |
| <input type="checkbox"/> Tape strip                     | <input type="checkbox"/> FNA                          |
| <input type="checkbox"/> Impression smear               | <input type="checkbox"/> Biopsy                       |
| <input type="checkbox"/> Swab smear                     | <input type="checkbox"/> <i>in vitro</i> allergy test |
| <input type="checkbox"/> Wood's Light                   | <input type="checkbox"/> Intradermal test             |
| <input type="checkbox"/> Trichogram                     | <input type="checkbox"/> T4 level                     |
| <input type="checkbox"/> Fungal culture                 | <input type="checkbox"/> Blood profile                |
| <input type="checkbox"/> DTM                            | <input type="checkbox"/> Others                       |
| <input type="checkbox"/> Ear swab                       |   |

**TENTATIVE/FINAL DIAGNOSIS:** \_\_\_\_\_

**TREATMENT:**

|   | Drug and dose | Regimen |
|---|---------------|---------|
| <input type="checkbox"/> Systemic: Oral |               |         |
|   |               |         |
| Injection                               |               |         |
| <input type="checkbox"/> Topicals       |               |         |

**Food trials:**  Lamb/rice  salmon/rice  Duck/rice  Venison/rice  whitefish/rice  Catfish/rice  Egg/rice  
 Fish/potato  Lamb/potato  Rabbit/potato  Green peas/lamb  Green peas/duck  Green peas/venison  
 Greenpeas/rabbit  Hydrolysed protein Others \_\_\_\_\_

**Brand name:** \_\_\_\_\_

**Next appointment: Date** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Name of Veterinarian** \_\_\_\_\_ **Time out:** \_\_\_\_\_

**Name of Student(s)** \_\_\_\_\_



**OPERASI PERKHIDMATAN SOKONGAN**

**FAKULTI PERUBATAN VETERINAR  
(HOSPITAL VETERINAR UNIVERSITI)**

Kod Dokumen: OPR/FPV/BR028/COP

**APPLICATION TO CARRY OUT PROJECT AT UVH**

**Note:**

1. Please submit this form to Deputy Dean (Hospital)/UVH Office at least two weeks before start of project.
2. Application form individuals/organization outside the Faculty must be attached with official application letter.
3. If assistance from UVH staff is required, please fill 'Request for Assistance of UVH Staff' Form, OPR/FPV/BR031/ASST.
4. Please check the status of your application at UVH Office one week after submitting your form.

**I REQUESTER INFORMATION**

|           |       |                       |       |
|-----------|-------|-----------------------|-------|
| Name :    | _____ | Staff/Matric/ID No. : | _____ |
| Program : | _____ | Year :                | _____ |
| Address : | _____ | Telephone :           | _____ |
|           | _____ | E-mail :              | _____ |

**II PROJECT DETAILS**

(Attachment if necessary)

**A. Title of Project**

\_\_\_\_\_

**B. End Product**

|  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Thesis        | <input type="checkbox"/> Assignment       | <input type="checkbox"/> Presentation |
| <input type="checkbox"/> Project Paper | <input type="checkbox"/> Scientific Paper | <input type="checkbox"/> Seminar      |

**C. Duration of Project**

Date Start of Project: \_\_\_\_\_ Date End of Project: \_\_\_\_\_

**D. UVH Units to be Involved**

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Small Animal Clinic     | <input type="checkbox"/> Main Surgery                          | <input type="checkbox"/> Radiology Unit |
| <input type="checkbox"/> Small Animal Ward       | <input type="checkbox"/> Student Surgery                       | <input type="checkbox"/> Pharmacy       |
| <input type="checkbox"/> Avian and Exotic Clinic | <input type="checkbox"/> Special Exam Room                     | <input type="checkbox"/> Central supply |
| <input type="checkbox"/> Ambulatory Clinic       | <input type="checkbox"/> Large Animal ward                     |   |
| <input type="checkbox"/> Large Animal Surgery    | <input type="checkbox"/> Others (Please state location): _____ |   |

**E. Details of Project**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. Other Personnel Involved**

| No. | Name | Matric No. | Faculty | Program | Year |
|-----|------|------------|---------|---------|------|
|     |      |            |         |         |      |
|     |      |            |         |         |      |
|     |      |            |         |         |      |
|     |      |            |         |         |      |

**G. Other Requirements**

(Please state in details if you need to use drugs, suture materials, equipment etc.)

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**H. Assistance from UVH Staff**

Yes (Please fill up 'Request for Assistance of UVH Staff' Form, **FPV/UVH/B105 OPR/FPV/BR031/ASST**)

No

**III PLEDGE**

I am aware of the rules, client-confidentiality, conduct of behaviour and dress code required of me and will abide by them to uphold the good image of UVH.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**IV SECONDED BY SUPERVISOR/ACADEMIC ADVISOR**

Name

Signature:

Date:

: \_\_\_\_\_

**V FOR OFFICIAL USE**

Date received: \_\_\_\_\_

Comments (if any):

This application is:

Approved

Not Approved

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End product required?

Yes

No

Cc to: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Date : \_\_\_\_\_

Requester informed by,

Name : \_\_\_\_\_

Date/Time: \_\_\_\_\_



OPERASI PERKHIDMATAN SOKONGAN

FAKULTI PERUBATAN VETERINAR  
(HOSPITAL VETERINAR UNIVERSITI)  
Kod Dokumen: OPR/FPV/BR029/AVO

APPLICATION FOR EXTRACURRICULAR ACTIVITY/VOLUNTEER WORK  
AT UVH - UPM

**Note:**

1. Please submit this form to Deputy Dean (Hospital)/UVH Office at least two weeks before start of project.
2. Application form individuals/organization outside the Faculty must be attached with official application letter.
3. If assistance from UVH staff is required, please fill 'Request for Assistance of UVH Staff' Form, OPR/FPV/BR031/ASST.
4. Please check the status of your application at UVH Office one week after submitting your form.

**I REQUESTER INFORMATION**

Name : \_\_\_\_\_ Staff/Matric/ID No. : \_\_\_\_\_  
 Course : \_\_\_\_\_ Year : \_\_\_\_\_  
 Address : \_\_\_\_\_ Telephone : \_\_\_\_\_  
 \_\_\_\_\_ E-mail : \_\_\_\_\_

**In case of emergency, please contact:**

Name : \_\_\_\_\_ Relationship : \_\_\_\_\_  
 Address : \_\_\_\_\_ Tel. (House) : \_\_\_\_\_  
 \_\_\_\_\_ Tel. (Office) : \_\_\_\_\_  
 \_\_\_\_\_ Tel. (H/Phone) : \_\_\_\_\_

**II DETAILS OF ACTIVITY  
(Attachment if necessary)**

**A. Objectives, Method etc.**

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**B. Duration of Activity**

| Date | Time | Location | Additional Details (If any) |
|------|------|----------|-----------------------------|
|      |      |          |                             |
|      |      |          |                             |
|      |      |          |                             |
|      |      |          |                             |
|      |      |          |                             |
|      |      |          |                             |
|      |      |          |                             |
|      |      |          |                             |
|      |      |          |                             |
|      |      |          |                             |

**C. Other Requirements**

(Please state in details if you need to use drugs, suture materials, equipments etc.)

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**D. Assistance from UVH Staff**


Yes (Please fill up 'Request for Assistance of UVH Staff' Form, ~~FPV/UVH/B105~~ [OPR/FPV/BR031/ASST](#))  
No

**III PREVIOUS VETERINARY RELATED WORK EXPERIENCE**

| Year | Place | Designation | Work Description |
|------|-------|-------------|------------------|
|      |       |             |                  |
|      |       |             |                  |
|      |       |             |                  |

**IV PLEDGE**

I am aware of the rules, client-confidentiality, conduct of behaviour and dress code required of me and will abide by them to uphold the good image of UVH.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**V SECONDED BY SUPERVISOR/ACADEMIC ADVISOR**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VI FOR OFFICIAL USE**

Date received: \_\_\_\_\_

Comments (if any):

This application is:

- Approved
- Not Approved

Report required at the end of activity?

- Yes
- No

- Cc to:
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_

Signature : \_\_\_\_\_  
 Name : \_\_\_\_\_  
 Designation : \_\_\_\_\_  
 Date : \_\_\_\_\_

Requester informed by,

Name: \_\_\_\_\_  
 Date/Time: \_\_\_\_\_



**OPERASI PERKHIDMATAN SOKONGAN**

**FAKULTI PERUBATAN VETERINAR  
(HOSPITAL VETERINAR UNIVERSITI)  
Kod Dokumen: OPR/FPV/BR030/RVO**

**REPORT ON EXTRACURRICULAR ACTIVITY/VOLUNTEER WORK AT UVH**

**Note:**

1. Please submit this form to the Head of Practice/Unit Coordinator at the end of Extracurricular Activity/Volunteer Work.

**I REQUESTER INFORMATION**

Name : \_\_\_\_\_ Staff/Matric/ID : \_\_\_\_\_  
No. \_\_\_\_\_

**II DETAILS OF ACTIVITY  
(Attachment if necessary)**

**A. Duration of activity (If different from detail stated in application form)**

| Date | Time | Staff to Assist | Location | Details |
|------|------|-----------------|----------|---------|
|      |      |                 |          |         |
|      |      |                 |          |         |
|      |      |                 |          |         |
|      |      |                 |          |         |
|      |      |                 |          |         |

**B. Experience gained during this period**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: .

**IV FOR OFFICIAL USE**

**Report received by,**

Signature : -  
Name : -  
Designation : -  
Date : -

**Comments (if any):**

\_\_\_\_\_



**OPERASI PERKHIDMATAN SOKONGAN**

**FAKULTI PERUBATAN VETERINAR  
(HOSPITAL VETERINAR UNIVERSITI)**  
Kod Dokumen: OPR/FPV/BR031/ASST

**REQUEST FOR ASSISTANCE FROM UVH STAFF**

**Note:**

1. Please submit this form to UVH Office at least two week before requirement.
2. Application from individuals/organization outside the Faculty must be attached with official application letter.
3. Please check the status of your application at UVH Office one week after submitting your completed form.

**I REQUESTER INFORMATION**

Name : \_\_\_\_\_ Staff/Matric No. : \_\_\_\_\_  
Address : \_\_\_\_\_ Tel. (Office) : \_\_\_\_\_  
\_\_\_\_\_ Tel. (H/Phone) : \_\_\_\_\_  
\_\_\_\_\_ E-mail : \_\_\_\_\_

**II DETAILS OF ASSISTANCE REQUIRED  
(Attachment if necessary)**

For the Assistance of :  Course Name : \_\_\_\_\_  
Code : \_\_\_\_\_  
 Seminar Title : \_\_\_\_\_  
 Workshop Title : \_\_\_\_\_  
 Others \_\_\_\_\_

| Date | Time | Staff to Assist | Location | Details |
|------|------|-----------------|----------|---------|
|      |      |                 |          |         |
|      |      |                 |          |         |
|      |      |                 |          |         |
|      |      |                 |          |         |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**III SECONDED BY ACADEMIC ADVISOR/SUPERVISOR**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IV FOR OFFICIAL USE**

Date received: \_\_\_\_\_

Comments (if any):

This request is:

- Approved  
 Not Approved

Signature : \_\_\_\_\_  
Name : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Date : \_\_\_\_\_

Cc to: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_



**OPERASI PERKHIDMATAN SOKONGAN**

**FAKULTI PERUBATAN VETERINAR  
(HOSPITAL VETERINAR UNIVERSITI)**

Kod Dokumen: OPR/FPV/BR032/ECG

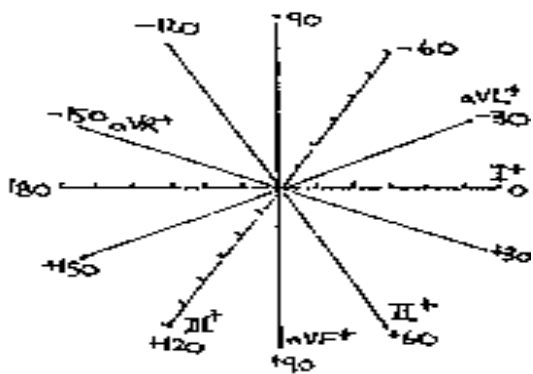
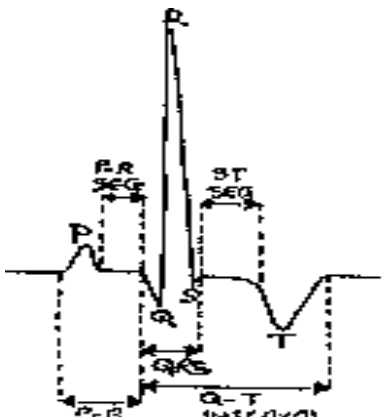
**ECG REPORT**

**NORMAL LEAD II MEASUREMENTS**

|                    | <u>CANINE</u>  | <u>FELINE</u>              | <u>EQUINE</u> | <u>RUMINANT</u> |
|--------------------|--|----------------------------|---------------|-----------------|
| <b>P wave</b>      | 0.04 sec max<br>0.4 mV max                                 | 0.04 sec max<br>0.2 mV max |               |                 |
| <b>PR interval</b> | 0.06-0.13 sec  | 0.05-0.09 sec              |               |                 |
| <b>QRS</b>         | 0.05 sec max<br>(Small dog)<br>0.06 sec max<br>(Large dog) | 0.04 sec max               |               |                 |
| <b>R wave</b>      | 2.5 mV max<br>(Small dog)<br>3.0 mV max<br>(large dog)     | 0.9 mV max                 |               |                 |
| <b>ST segment</b>  | Within 0.15 of baseline                                    |                            |               |                 |
| <b>T wave</b>      | + or - any lead except V10                                 |                            |               |                 |
| <b>QT interval</b> | 0.15-0.25 sec  | 0.15 ± 0.02 sec            |               |                 |
| <b>MEA</b>         | +40° to +100°  | +40° to +60°               |               |                 |

OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_  
 ANIMAL ID: \_\_\_\_\_ CASE NO: \_\_\_\_\_  
 SPECIES: \_\_\_\_\_ AGE: \_\_\_\_\_  
 BREED: \_\_\_\_\_ SEX: \_\_\_\_\_  
 BODY WEIGHT: \_\_\_\_\_ kg

Paper speed ..... mm/sec  
 Sensitivity ..... mV/cm  
 Heart Rate ..... /min  
 Heart Rhythm .....



**LEAD II**

P wave \_\_\_\_\_ mV \_\_\_\_\_ msec \_\_\_\_\_ configuration  
 PR interval \_\_\_\_\_ msec  
 QRS duration \_\_\_\_\_ msec  
 Q: \_\_\_\_\_ mV R: \_\_\_\_\_ mV S: \_\_\_\_\_ mV ST  
 segment elevated/depressed/slurred \_\_\_\_\_ QT  
 interval \_\_\_\_\_ msec MEA: \_\_\_\_\_

Additional findings .....

Interpretation .....

I

aVR

II

aVL

III

aVF

COMMENTS:

NO. SEMAKAN : 03  
NO. ISU : 02  
TARIKH KUATKUASA : 20/08/2019



**OPERASI PERKHIDMATAN SOKONGAN**

**FAKULTI PERUBATAN VETERINAR  
(HOSPITAL VETERINAR UNIVERSITI)**

Kod Dokumen: OPR/FPV/BR033/NEF

**NEUROLOGICAL EXAMINATION FORM**

Date of Examination : \_\_\_\_\_

Case Number : \_\_\_\_\_

Time of Examination : \_\_\_\_\_

Animal ID : \_\_\_\_\_

Owner's Name : \_\_\_\_\_

**1. SUBJECTIVE :**

**2. OBJECTIVE :** KEY : 0 (ABSENT), +1 (REDUCED), +2 (NORMAL), +3 (INCREASED), +4 (CLONUS)

**a. OBSERVATIONS :**

Mental Status : (alert - depressed - stuporous - comatose) \_\_\_\_\_

Posture : (normal - head tilt - tremor - falling - monoparesis - paraparesis - tetraparesis - plegia) \_\_\_\_\_

Gait : (ataxia - dysmetria - circling) \_\_\_\_\_

**b. PALPATION :**

Muscular (tone - atrophy) : \_\_\_\_\_

Skeletal : \_\_\_\_\_

**c. POSTURAL REACTIONS :**

| L | REACTION                        | R |
|---|---------------------------------|---|
|   | <b>Conscious Proprioception</b> |   |
|   | Front                           |   |
|   | Hind                            |   |
|   | <b>Wheelbarrowing</b>           |   |
|   | <b>Extensor Postural Thrust</b> |   |
|   | <b>Hopping</b>                  |   |
|   | Front                           |   |
|   | Hind                            |   |
|   | <b>Placing</b>                  |   |
|   | Front                           |   |
|   | Hind                            |   |
|   | (Tactile) Front                 |   |
|   | (Tactile) Hind                  |   |
|   | <b>Hemistand</b>                |   |
|   | Front                           |   |
|   | Hind                            |   |
|   | <b>Hemiwalk</b>                 |   |
|   | Front                           |   |
|   | Hind                            |   |
|   | <b>Tonic Neck Reaction</b>      |   |

**d. CRANIAL NERVE EXAM :**

| L     | NERVE FUNCTION TEST             | R     |
|-------|---------------------------------|-------|
|       | <b>II &amp; VII</b>             |       |
|       | Menace                          |       |
|       | <b>II &amp; III</b>             |       |
| S M L | Equality of pupil size          | S M L |
|       | Stimulation L eye               |       |
|       | Stimulation R eye               |       |
|       | Fundic exam                     |       |
|       | <b>III, IV &amp; VI</b>         |       |
|       | Strabismus                      |       |
|       | <b>VII, III, IV &amp; VI</b>    |       |
|       | Nystagmus                       |       |
|       | Occulovestibular reflex         |       |
|       | <b>V - Sensation</b>            |       |
|       | <b>V - Mastication</b>          |       |
|       | <b>VII - Facial Symmetry</b>    |       |
|       | <b>VII - Head Tilt, Falling</b> |       |
|       | <b>V &amp; VII - Palpebral</b>  |       |
|       | <b>IX &amp; X - Swallowing</b>  |       |
|       | <b>XII - Tongue</b>             |       |

**e. SPINAL REFLEXES :**

| L | REFLEX, SEGMENTS                   | R |
|---|------------------------------------|---|
|   | Triceps<br>C7 - T2                 |   |
|   | Biceps<br>C7 - C8                  |   |
|   | Extensor carpi<br>radialis C7 - T2 |   |
|   | Flexion, Fore<br>C6 - T2           |   |
|   | Patella<br>L4 - L6                 |   |
|   | Sciatic<br>L6 - S1                 |   |
|   | Cranial tibial<br>L6 - S1          |   |
|   | Gastrocnemiu<br>s L6 - S1          |   |
|   | Flexion,<br>Hind L6 - S1           |   |
|   | Perinea<br>I S1 - S2               |   |

**f. URINARY FUNCTION**

Evidence of voluntary urination ? \_\_\_\_\_

Bladder distended ? \_\_\_\_\_

Ease of bladder expression \_\_\_\_\_

**g. SENSATION :**

Panniculus reflex \_\_\_\_\_

Hyperaesthesia \_\_\_\_\_

Superficial pain \_\_\_\_\_

Deep pain \_\_\_\_\_

**3. ASSESSMENT (Lesion localisation ) AND DIFFERENTIAL DIAGNOSIS :**

1) Peripheral nerve(s) - name : \_\_\_\_\_

2) Spinal Cord :

SEGMENT 1 : C1 - C5 \_\_\_\_\_

SEGMENT 2 : C6 - T2 \_\_\_\_\_

SEGMENT 3 : T3 - L3 \_\_\_\_\_

SEGMENT 4 : L4 - S3 \_\_\_\_\_

3) Brain :

BRAINSTEM \_\_\_\_\_

CENTRAL VESTIBULAR \_\_\_\_\_

PERIPHERAL \_\_\_\_\_ VESTIBULAR

CEREBELLUM \_\_\_\_\_

DIENCEPHALON (Thalamus, Hypothalamus) \_\_\_\_\_

CEREBRUM \_\_\_\_\_

4) General neuromuscular : \_\_\_\_\_

5) Normal : \_\_\_\_\_

**4. INITIAL PLAN :**



**OPERASI PERKHIDMATAN SOKONGAN**

**FAKULTI PERUBATAN VETERINAR  
(HOSPITAL VETERINAR UNIVERSITI)**  
Kod Dokumen: OPR/FPV/BR034/RMT

**RAPID MASTITIS TEST/CALIFORNIA MASTITIS TEST (CMT)**

|                       |                        |            |                        |                   |            |          |  |
|-----------------------|------------------------|------------|------------------------|-------------------|------------|----------|--|
| <b>CLIENT DETAILS</b> | <b>CLIENT NO:</b>      |            | <b>PATIENT DETAILS</b> | DATE:             | VISIT NO:  |          |  |
|                       | OWNER:                 |            |                        | ANIMAL ID:        | CASE NO:   |          |  |
|                       | I/C NO. / PASSPORT NO: |            |                        | SPECIES:          | DOB / AGE: | SEX:     |  |
|                       | FULL ADDRESS:          |            |                        | BREED:            | COLOUR:    |          |  |
|                       | Postcode:              |            |                        | REASON FOR VISIT: |            |          |  |
|                       | EMAIL:                 | TEL: (H/P) |                        | 1. _____          |            | 2. _____ |  |
|                       | (O/H)                  |            |                        | _____             |            | _____    |  |

|           |   | L | R | L | R | L | R | L | R |
|-----------|---|---|---|---|---|---|---|---|---|
| ANIMAL ID |   |   |   |   |   |   |   |   |   |
| RESULT    | F |   |   |   |   |   |   |   |   |
|           | H |   |   |   |   |   |   |   |   |
| ANIMAL ID |   |   |   |   |   |   |   |   |   |
| RESULT    | F |   |   |   |   |   |   |   |   |
|           | H |   |   |   |   |   |   |   |   |
| ANIMAL ID |   |   |   |   |   |   |   |   |   |
| RESULT    | F |   |   |   |   |   |   |   |   |
|           | H |   |   |   |   |   |   |   |   |
| ANIMAL ID |   |   |   |   |   |   |   |   |   |
| RESULT    | F |   |   |   |   |   |   |   |   |
|           | H |   |   |   |   |   |   |   |   |
| ANIMAL ID |   |   |   |   |   |   |   |   |   |
| RESULT    | F |   |   |   |   |   |   |   |   |
|           | H |   |   |   |   |   |   |   |   |
| ANIMAL ID |   |   |   |   |   |   |   |   |   |
| RESULT    | F |   |   |   |   |   |   |   |   |
|           | H |   |   |   |   |   |   |   |   |
| ANIMAL ID |   |   |   |   |   |   |   |   |   |
| RESULT    | F |   |   |   |   |   |   |   |   |
|           | H |   |   |   |   |   |   |   |   |

Student(s) : \_\_\_\_\_  
Clinician : \_\_\_\_\_

**CMT grade:** normal..... (o)  
streaky..... (+)  
slimy..... (++)  
Gelatinous... (+++)



| Lab specimens   | Tissues/materials removed | Material used/implanted |
|---|---------------------------|-------------------------|
|   |                           |                         |
|   |                           |                         |
|   |                           |                         |
|   |                           |                         |
|   |                           |                         |
|   |                           |                         |
|   |                           |                         |
|   |                           |                         |
|   |                           |                         |
| <p>STUDENT: _____</p> <p>VETERINARY SURGEON (DR.) _____</p> <p>PREPARED BY: _____</p> |                           |                         |



**OPERASI PERKHIDMATAN SOKONGAN**

**FAKULTI PERUBATAN VETERINAR  
(HOSPITAL VETERINAR UNIVERSITI)**

Kod Dokumen: OPR/FPV/BR039/SDL

**SURGERY DAILY LIST**

Week: \_\_\_\_\_ Day : \_\_\_\_\_ Date: \_\_\_\_\_

| NO | TIME | OWNER | CASE NO.<br>/ ID | SPECIES /<br>BREED | SEX /<br>AGE | PROCEDURE | SURGEON | ASSISTANT | ANAESTHETIST | ANAESTHESIA | OR |
|----|------|-------|------------------|--------------------|--------------|-----------|---------|-----------|--------------|-------------|----|
| 1  |      |       |                  |                    |              |           |         |           |              |             |    |
| 2  |      |       |                  |                    |              |           |         |           |              |             |    |
| 3  |      |       |                  |                    |              |           |         |           |              |             |    |
| 4  |      |       |                  |                    |              |           |         |           |              |             |    |
| 5  |      |       |                  |                    |              |           |         |           |              |             |    |
| 6  |      |       |                  |                    |              |           |         |           |              |             |    |
| 7  |      |       |                  |                    |              |           |         |           |              |             |    |
| 8  |      |       |                  |                    |              |           |         |           |              |             |    |

NO. SEMAKAN : 02 03

NO. ISU : 02

TARIKH KUATKUASA : 20/08/2019 26/09/2023



(indicate by the hour)

| TIME<br>(Hr) (min)  | 3      |  |  | 4 |  |  | 5 |  |  | 6 |  |  | REMARKS (Identify with no.) |
|---|--------|--|--|---|--|--|---|--|--|---|--|--|-----------------------------|
| REMARK CODE   |        |  |  |   |  |  |   |  |  |   |  |  |                             |
| Fluid/drug1: _____  |        |  |  |   |  |  |   |  |  |   |  |  |                             |
| Fluid/drug2: _____  |        |  |  |   |  |  |   |  |  |   |  |  |                             |
| indicate top up volume/drip rate/ volume infused over time. eg: l---8 ml -- |        |  |  |   |  |  |   |  |  |   |  |  |                             |
| Oxygen flow rate (L/min)  |        |  |  |   |  |  |   |  |  |   |  |  |                             |
| Vaporiser setting (%)   |        |  |  |   |  |  |   |  |  |   |  |  |                             |
| Anaesthetic plane<br>(mark X)   | Light  |  |  |   |  |  |   |  |  |   |  |  |                             |
|   | Medium |  |  |   |  |  |   |  |  |   |  |  |                             |
|   | Deep   |  |  |   |  |  |   |  |  |   |  |  |                             |
| Cardiovascular<br>parameters  | 300    |  |  |   |  |  |   |  |  |   |  |  |                             |
|   | 260    |  |  |   |  |  |   |  |  |   |  |  |                             |
|   | 220    |  |  |   |  |  |   |  |  |   |  |  |                             |
|   | 180    |  |  |   |  |  |   |  |  |   |  |  |                             |
| ○ pulse/heart rate  | 160    |  |  |   |  |  |   |  |  |   |  |  |                             |
| ∇ systolic pressure   | 140    |  |  |   |  |  |   |  |  |   |  |  |                             |
| — mean pressure   | 120    |  |  |   |  |  |   |  |  |   |  |  |                             |
| ^ diastolic pressure  | 100    |  |  |   |  |  |   |  |  |   |  |  |                             |
|   | 80     |  |  |   |  |  |   |  |  |   |  |  |                             |
|   | 70     |  |  |   |  |  |   |  |  |   |  |  |                             |
|   | 60     |  |  |   |  |  |   |  |  |   |  |  |                             |
|   | 50     |  |  |   |  |  |   |  |  |   |  |  |                             |
|   | 40     |  |  |   |  |  |   |  |  |   |  |  |                             |
|   | 30     |  |  |   |  |  |   |  |  |   |  |  |                             |
| Respiratory rate  | 20     |  |  |   |  |  |   |  |  |   |  |  |                             |
| X spontaneous   | 10     |  |  |   |  |  |   |  |  |   |  |  |                             |
| ⊗ ventilated  | 6      |  |  |   |  |  |   |  |  |   |  |  |                             |
|   | 2      |  |  |   |  |  |   |  |  |   |  |  |                             |
| EtCO <sub>2</sub> / SpO <sub>2</sub>  |        |  |  |   |  |  |   |  |  |   |  |  |                             |
| MM colour / CRT (sec)   |        |  |  |   |  |  |   |  |  |   |  |  |                             |
| Temperature °C  |        |  |  |   |  |  |   |  |  |   |  |  |                             |

**Emergency drug/fluid calculations:**

i. Atropine : 
$$\frac{0.05 \text{ mg/kg} \times \underline{\hspace{2cm}} \text{ kg}}{1 \text{ mg/ml (or 0.65 mg/ml)}}$$

ii. Low dose Epinephrine: Mix 1 ml into 9 ml saline, use 1 ml per 10 kg of dilution

iii. Doxapram: 
$$\frac{0.5 - 1 \text{ mg/kg} \times \underline{\hspace{2cm}} \text{ kg}}{20 \text{ mg/ml}}$$

iv. Naloxone: 
$$0.015 \text{ to } 0.04 \text{ mg/kg} \times \underline{\hspace{2cm}} \text{ kg}$$

v. Fluid bolus: 1 ml /kg/min (X 20 drops for macro; X 60 drops for micro)

vi. Crystalloid fluid rate during surgery:

$$\frac{5 - 10 \text{ ml} \times \underline{\hspace{2cm}} \text{ kg}}{60 \text{ min}}$$

= \_\_\_\_\_ ml/min X (20 drops for macro ; 60 drops for micro)

= \_\_\_\_\_ drops/min

Extubation time: \_\_\_\_\_

Transfer to ICU/Ward: \_\_\_\_\_

**Abnormal parameters requiring attention**

- Bradycardia (<60 – 80 in dogs; 100 in cats)\*
  - Tachycardia (>180 in dogs; > 240 in cats)\*
  - Hypotension (MAP < 60 mm Hg)\*
  - Hypertension (MAP > 120 mm Hg)\*
  - Hypoventilation (ETCO<sub>2</sub> > 45 mm Hg)\*
  - Hypoxemia (SpO<sub>2</sub> < 93 %)\*
  - Hyperventilation/Apnea
  - Hypothermia (<35°C)\*
- \* value serve as guide only

**Fluid (crystalloid) rate**

- Typical rate ~~5-3~~ 3- 10 ml/kg/hr
- Shock rate 60-90 ml/kg/hr or 1- 1.5 ml/kg/min
- Fluid bolus 20 ml/kg over 20 minutes
- Colloid rate 2- 4 ml/kg/hr ; 20 ml/kg/hr if in shock



**OPERASI PERKHIDMATAN SOKONGAN**

**FAKULTI PERUBATAN VETERINAR  
(HOSPITAL VETERINAR UNIVERSITI)**

Kod Dokumen: OPR/FPV/BR041/RADIOLOGY

**RADIOLOGY REQUEST FORM**

**Examination requested:**  
(Pemeriksaan yang dipohon)

**Radiology**

**Ultrasonography**

**CT Scan/ Fluoroscopy**

Date (Tarikh):

Clinician (Klinisyen):

Student (Pelajar):

Previous X-ray (X-ray dahulu)  yes  no

Anaesthesia (Bius)  yes  no

Traquilizer (Penenteram):  yes  no

X-ray No:

Case No. (No. Kes):

Owner (Tuanpunya):

Email(Emel) :

Animal (Haiwan):

SPP (Spesis):

Age (Umur) :

Breed (Baka):

Sex (Jantina):

**History (Riwayat)**

**Examination area:**

(Kawasan pemeriksaan)

Chest (dada) \_\_\_\_\_

Abdomen \_\_\_\_\_

Bone (~~Tulang~~ Tulang) \_\_\_\_\_

Joint (Sendi) \_\_\_\_\_

~~Chest (dada)~~ Others (lain-lain) \_\_\_\_\_

**Physical examination :**  
(Pemeriksaan fizikal)

**For office use only**

(Untuk kegunaan pejabat sahaja)

**Tentative Diagnosis:**  
(Diagnosis Tentatif)

**Radiological findings :**  
(Penemuan Radiologi)

Radiological Diagnosis:  
(Diagnosis Radiologi)

- 1.
- 2.
- 3.

Reported by:  
(Dilaporkan oleh) \_\_\_\_\_

Signature:  
(Tandatangan) \_\_\_\_\_

Date (Tarikh): \_\_\_\_\_





**OPERASI PERKHIDMATAN SOKONGAN**

**FAKULTI PERUBATAN VETERINAR  
(HOSPITAL VETERINAR UNIVERSITI)**

Kod Dokumen: OPR/FPV/BR043/DPS

**DRUG PRESCRIPTION FORM**

**UNIVERSITY VETERINARY HOSPITAL, FACULTY OF VETERINARY MEDICINE,  
43400 UPM SERDANG, SELANGOR.  
WEBSITE : [www.vet.upm.edu.my](http://www.vet.upm.edu.my)**

**SERIAL NO.**

**CLIENT DATA**

Please supply to :

Name : \_\_\_\_\_  
IC/ Passport Number : \_\_\_\_\_  
Address : \_\_\_\_\_  
Phone : \_\_\_\_\_

**PATIENT DATA**

For treatment of:

Case No : \_\_\_\_\_ Animal ID : \_\_\_\_\_  
Species : \_\_\_\_\_ Sex : \_\_\_\_\_  
Breed : \_\_\_\_\_ Age : \_\_\_\_\_  
Body Weight (kg): : \_\_\_\_\_

| <b>MEDICINES</b>   | <b>Name of Medicines, Strength, Dose &amp; Quantity /Treatment Period</b> | <b>Quantity Supplied<br/>(for pharmacy use only)</b> |
|--|---|--|
|  | <b>(For Animal Treatment Only)</b>  |  |
| Is this a repeat? : <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |

**Remarks:**

|   |               |
|---|---------------|
| <b>Clinician Signature</b> : _____<br><b>Clinician Name</b> : _____<br><b>Practice License No. (APC)</b> : _____<br><b>Date</b> : _____ | <b>Stamp:</b> |
|---|---------------|



OPERASI PERKHIDMATAN SOKONGAN

FAKULTI PERUBATAN VETERINAR  
(HOSPITAL VETERINAR UNIVERSITI)

Kod Dokumen: OPR/FPV/BR045/PUND

REQUEST FOR PURCHASE AND USE OF NEW DRUGS

**Instruction:**

Please submit completed form to UVH Office along with relevant support documents (information of drug, quotation etc.)

**I REQUESTER INFORMATION**

Name : \_

**II DRUG INFORMATION**

**A. Drug Information**

Name of Drug (Trade Name) :

(Generic Name) :

Status :  New introduced drug

Long introduced in market

System : \_\_\_\_\_

Species : \_\_\_\_\_

Description : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Is this drug required for current UVH case?**

Yes

No

**C. If the answer for (B) is yes, please state**

Case No : \_\_\_\_\_

Quantity Required : \_\_\_\_\_

**D. Mode of immediate purchase**

Request Order (Please attach completed Request Order Form and quotation)

Petty Cash/Reimbursement Claim

Prescription/To be purchased by Client

Other \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**III APPROVAL FOR IMMEDIATE PURCHASE (For official use only)**

Yes

No

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Date : \_\_\_\_\_

**IV APPROVAL OF HOSPITAL MANAGEMENT COMMITTEE (For official use only)**

Yes

No

Comments (If any)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Date : \_\_\_\_\_

Meeting : \_\_\_\_\_

No. : \_\_\_\_\_

Cc : 1. Pharmacy Assistant

2. \_\_\_\_\_

3. \_\_\_\_\_





# OPERASI PERKHIDMATAN SOKONGAN

## FAKULTI PERUBATAN VETERINAR (HOSPITAL VETERINAR UNIVERSITI)

Kod Dokumen: OPR/FPV/BR074/SS\_CS

### BORANG SOAL SELIDIK PELANGGAN/CLIENT SURVEY FORM

Pelanggan Yang Dihargai / Dear Valued Client,

Kami amat memerlukan kerjasama anda dalam memberikan komen bagi merealisasikan hasrat kami untuk memberikan perkhidmatan perubatan veterinar pada tahap yang cemerlang.

We would like your comments to achieve our goal in offering the highest of standards in veterinary medicine services.

Sila tanda  di ruang yang berkaitan/Please tick  where appropriate

Tarikh/Date : \_\_\_\_\_

#### 1. Nama Klinik/ Name of Clinic:

Klinik Haiwan Kesayangan UPM  
UPM Small Animal Clinic

Klinik / Ambulatori Haiwan Besar  
UPM Large Animal Clinic/Ambulatory

#### 2. Jenis Haiwan / Type of Animal :

Anjing/Dog

Kucing/Cat

Arnab/Rabbit

Hamster/Hamster

Ikan/Fish

Reptilia/Reptile

Lembu/cattle

Biri-biri/Sheep

Kambing/Goat

Kuda/Horse

Kerbau/Buffalo

Burung/Bird

Lain-lain/other (Sila Nyatakan/Please specify) : \_\_\_\_\_

#### 3. Tempat / Venue :

Sangat  
memuaskan/  
very satisfied

Memuaskan/  
Satisfied

Kurang  
Memuaskan/  
Less Satisfied

Tidak Memuaskan/  
Dissatisfied

Sangat Tidak  
Memuaskan/ Very  
Dissatisfied

a) Kebersihan/Cleanliness

b) Keselesaan/Comfort

c) Keselamatan/Safety

#### 4. Perkhidmatan / Services:

Sangat  
memuaskan/  
Very satisfied

Memuaskan/  
Satisfied

Kurang  
Memuaskan/  
Less Satisfied

Tidak Memuaskan/  
Dissatisfied

Sangat Tidak  
Memuaskan/  
Very Dissatisfied

a) Penyambut tetamu/reception

b) Staf sokongan/Support staff

c) Veterinarwan/vets

d) Pendaftaran/Registration

e) Masa Menunggu/Waiting Time

f) Penjagaan dan Rawatan/  
Care and Treatment

g) Keseluruhan/Overall

h) Kadar Bayaran/Billing

Mahal/Expensive

Berpatutan/Reasonable

Murah/Low

#### 5. Adakah anda akan memperkenalkan UVH kepada orang lain?

Would you recommend UVH to other?

Ya/Yes

Tidak/No

#### 6. Adakah anda bercadang untuk datang lagi ke UVH?

Would you come here again?

Ya/Yes

Tidak/No

Thank you for your comments and time. Please drop this form into the Client Survey Box or hand it to our staff.

NO. SEMAKAN : ~~02~~ 03

NO. ISU : 02

TARIKH KUATKUASA : ~~20/08/2019~~ 26/7/2023



**OPERASI PERKHIDMATAN SOKONGAN**

**FAKULTI PERUBATAN VETERINAR  
(HOSPITAL VETERINAR UNIVERSITI)**

Kod Dokumen: OPR/FPV/BR075/ICU

**UVH ICU MONITORING, PROCEDURE AND TREATMENT RECORD**

| <b>Activity:</b>                | 7am | 8am | 9am | 10am | 11am | 12pm | 1pm | 2pm | 3pm | 4pm | 5pm | 6pm | 7pm | 8pm | 9pm | 10pm | 11pm | 12am | 1am | 2am | 3am | 4am | 5am | 6am |
|---------------------------------|-----|-----|-----|------|------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|------|------|-----|-----|-----|-----|-----|-----|
| Urine                           |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |      |      |     |     |     |     |     |     |
| Defecation                      |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |      |      |     |     |     |     |     |     |
| Posture                         |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |      |      |     |     |     |     |     |     |
| Food intake                     |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |      |      |     |     |     |     |     |     |
| Water intake                    |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |      |      |     |     |     |     |     |     |
| Vomit/Regurgitation             |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |      |      |     |     |     |     |     |     |
| Seizure                         |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |      |      |     |     |     |     |     |     |
|                                 |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |      |      |     |     |     |     |     |     |
|                                 |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |      |      |     |     |     |     |     |     |
|                                 |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |      |      |     |     |     |     |     |     |
| <b>ICU Support/ Procedures:</b> | 7am | 8am | 9am | 10am | 11am | 12pm | 1pm | 2pm | 3pm | 4pm | 5pm | 6pm | 7pm | 8pm | 9pm | 10pm | 11pm | 12am | 1am | 2am | 3am | 4am | 5am | 6am |
| O <sub>2</sub> flow rate        |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |      |      |     |     |     |     |     |     |
| Diapers                         |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |      |      |     |     |     |     |     |     |
| Underpad                        |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |      |      |     |     |     |     |     |     |
| Heating support                 |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |      |      |     |     |     |     |     |     |
| Incubator temp                  |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |      |      |     |     |     |     |     |     |
|                                 |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |      |      |     |     |     |     |     |     |
|                                 |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |      |      |     |     |     |     |     |     |

| <b>NOTES</b> |  |
|--------------|--|
|              |  |
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|   |  |  |  |  |                      |  |  |  |  |                   |  |  |  |  |              |  |  |  |  |               |  |
|---|--|--|--|--|----------------------|--|--|--|--|-------------------|--|--|--|--|--------------|--|--|--|--|---------------|--|
| <b>UVH ICU MONITORING, PROCEDURE AND TREATMENT RECORD</b> |  |  |  |  |                      |  |  |  |  | <b>Prob List:</b> |  |  |  |  | <b>Plan:</b> |  |  |  |  | <b>pg no.</b> |  |
| <b>Patient ID:</b>  |  |  |  |  | <b>Owner Name:</b>   |  |  |  |  |                   |  |  |  |  |              |  |  |  |  | <b>Date:</b>  |  |
| <b>Case Number:</b>                                       |  |  |  |  | <b>Phone Number:</b> |  |  |  |  |                   |  |  |  |  |              |  |  |  |  | <b>Day:</b>   |  |
| <b>SPP/Breed:</b>   |  |  |  |  | <b>Med/sx VO :</b>   |  |  |  |  |                   |  |  |  |  |              |  |  |  |  |               |  |
| <b>Age/Sex:</b>   |  |  |  |  | <b>ICU VO:</b>       |  |  |  |  |                   |  |  |  |  |              |  |  |  |  |               |  |
| <b>Daily Bd Wt:</b>                                       |  |  |  |  | <b>AVO/VA:</b>       |  |  |  |  |                   |  |  |  |  |              |  |  |  |  |               |  |
| <b>CAGE NO:</b>   |  |  |  |  | <b>DVM 5/4:</b>      |  |  |  |  |                   |  |  |  |  |              |  |  |  |  |               |  |

Monitoring category: A= ICU per day/ B=ICU per 4 hours/ C= ICU per hour

| ETT size:       | AtSO4: |     |     |      | Diazepam/Adrenaline: |      |     |     |     |     |     |     | Overnight = YES / NO |     |     |      |      | Resuscitation category: YES / NO |     |     |     |     |     |     |
|-----------------|--------|-----|-----|------|----------------------|------|-----|-----|-----|-----|-----|-----|----------------------|-----|-----|------|------|----------------------------------|-----|-----|-----|-----|-----|-----|
| ICU category    | 7am    | 8am | 9am | 10am | 11am                 | 12pm | 1pm | 2pm | 3pm | 4pm | 5pm | 6pm | 7pm                  | 8pm | 9pm | 10pm | 11pm | 12am                             | 1am | 2am | 3am | 4am | 5am | 6am |
| Vital:          |        |     |     |      |                      |      |     |     |     |     |     |     |                      |     |     |      |      |                                  |     |     |     |     |     |     |
| Mentation       |        |     |     |      |                      |      |     |     |     |     |     |     |                      |     |     |      |      |                                  |     |     |     |     |     |     |
| Temperature     |        |     |     |      |                      |      |     |     |     |     |     |     |                      |     |     |      |      |                                  |     |     |     |     |     |     |
| Pulse & quality |        |     |     |      |                      |      |     |     |     |     |     |     |                      |     |     |      |      |                                  |     |     |     |     |     |     |
| Resp/lung sound |        |     |     |      |                      |      |     |     |     |     |     |     |                      |     |     |      |      |                                  |     |     |     |     |     |     |
| mm color        |        |     |     |      |                      |      |     |     |     |     |     |     |                      |     |     |      |      |                                  |     |     |     |     |     |     |
| CRT             |        |     |     |      |                      |      |     |     |     |     |     |     |                      |     |     |      |      |                                  |     |     |     |     |     |     |
| BP MAP          |        |     |     |      |                      |      |     |     |     |     |     |     |                      |     |     |      |      |                                  |     |     |     |     |     |     |
| Blood Glucose   |        |     |     |      |                      |      |     |     |     |     |     |     |                      |     |     |      |      |                                  |     |     |     |     |     |     |

|                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------------------|--|--|--|--|--|--|--|--|
| <b>Fluid type:</b> | LR / 0.9% NaCl / 0.45% NaCl / Gelofusine / Duphalyte / G-5% / G-20% / G-50%      |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Micro /Macro / Bolus/Infusion pump = |  |  |  |  |  |  |  | <b>ml</b>  |
| <b>Calculation</b> | Replacement vol _____(wt=kg) _____% dehydratraion = _____ ml                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  | First 30 min= _____ dpm              |  |  |  |  |  |  |  | SHOCK: Pls use Fluid form<br>Monitor every 5-15 min<br>for BP, lungs sound, urine,<br>mm color, crt, mentation |
|                    | Maintenance vol _____(ml/kg) _____(wt=kg) = _____ ml X _____ Diuresis = _____ ml |  |  |  |  |  |  |  |  |  |  |  |  |  |  | First 60 min= _____ dpm              |  |  |  |  |  |  |  |  |
|                    | Ongoing looses vol estimated = _____ ml  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | maintenance = _____ dpm              |  |  |  |  |  |  |  |  |
|                    | Total fluid requirement = _____ ml or if with diuresis = _____ ml                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |

| <b>Fluid therapy:</b> | 7am | 8am | 9am | 10am | 11am | 12pm | 1pm | 2pm | 3pm | 4pm | 5pm | 6pm | 7pm | 8pm | 9pm | 10pm | 11pm | 12am | 1am | 2am | 3am | 4am | 5am | 6am |
|-----------------------|-----|-----|-----|------|------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|------|------|-----|-----|-----|-----|-----|-----|
| Drop per min          |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |      |      |     |     |     |     |     |     |
| Burette (current)     |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |      |      |     |     |     |     |     |     |
| reading (new)         |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |      |      |     |     |     |     |     |     |
| Vol. delivered        |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |      |      |     |     |     |     |     |     |
| cumulative vol.       |     |     |     |      |      |      |     |     |     |     |     |     |     |     |     |      |      |      |     |     |     |     |     |     |

**SENARAI DOKUMEN OPERASI PERKHIDMATAN SOKONGAN – HOSPITAL VETERINAR  
UNIVERSITI, FAKULTI PERUBATAN VETERINAR (OPR-FPV) YANG DIGUGURKAN  
BERKUATKUASA PADA 26 SEPTEMBER 2023**

| <b>KATEGORI DOKUMEN : BORANG</b> |                            |  |                |                    |                         |
|----------------------------------|----------------------------|--|----------------|--------------------|-------------------------|
| <b>BIL.</b>                      | <b>KOD DOKUMEN</b>         | <b>TAJUK DOKUMEN</b>   | <b>NO. ISU</b> | <b>NO. SEMAKAN</b> | <b>TARIKH KUATKUASA</b> |
| 1.                               | OPR/FPV/BR023/MSRA         | BORANG <i>MEDICATION SCHEDULE FOR RESIDENT ANIMALS</i>                             | 02             | 02                 | 20/08/2019<br>*(G)      |
| 2.                               | OPR/FPV/BR035/SAMPLE       | <i>SAMPLE SUBMISSION FORM</i>  | 02             | 02                 | 20/08/2019<br>*(G)      |
| 3.                               | OPR/FPV/BR036/APMR         | BORANG <i>AQUATIC ANIMAL POST MORTEM REPORT</i>                                    | 02             | 02                 | 20/08/2019<br>*(G)      |
| 4.                               | OPR/FPV/BR037/CA           | BORANG <i>CERTIFICATION OF ANALYSIS</i>  | 02             | 02                 | 20/08/2019<br>*(G)      |
| 5.                               | OPR/FPV/BR046/HAR          | <i>HORMONE ANALYSIS REQUEST FORM</i>   | 02             | 02                 | 20/08/2019<br>*(G)      |
| 6.                               | OPR/FPV/BR049/RDR          | <i>RIA DATA REDUCTION USING LOGIT-LOG TRANSFORMATION (COMPUTER GENERATED) FORM</i> | 02             | 02                 | 20/08/2019<br>*(G)      |
| 7.                               | OPR/FPV/BR073/<br>DISCOUNT | <i>APPLICATION FOR DISCOUNT (MORE THAN 50% DISCOUNT) FORM</i>                      | 02             | 02                 | 20/08/2019<br>*(G)      |