

PERLINDUNGAN sesuai gaya hidup hewan anda



perlindungan
untuk kucing

8 minggu

FELOCELL
revolution /
revolution PLUS

12 minggu

FELOCELL
revolution /
revolution PLUS

16 minggu

FELOCELL
revolution /
revolution PLUS
DEFENSOR

ANNUAL

FELOCELL
revolution /
revolution PLUS
DEFENSOR

- REVOLUTION/REVOLUTIONPLUS dapat diberikan mulai umur 8 minggu, diulangi setiap 1 bulan sekali.



perlindungan
untuk anjing

2 minggu

Cazitel Plus

6 minggu

VANGUARD
revolution

8 minggu

Simparica
Bronchicine^{CAE}

9 minggu

VANGUARD

12 minggu

VANGUARD
Bronchicine^{CAE}

16 minggu

DEFENSOR

ANNUAL

VANGUARD
Bronchicine^{CAE}
DEFENSOR

- REVOLUTION diberikan mulai umur 6 minggu, pencegahan diberikan setiap bulan.
- SIMPARICA diberikan mulai umur 6 bulan, pencegahan diberikan setiap bulan.

konsultasikan ke DOKTER HEWAN untuk jadwal vaksinasi yang sesuai gaya hidup hewan Anda

Simparica **VANGUARD** revolution
Cazitel Plus **DEFENSOR** Bronchicine^{CAE}
revolution PLUS **FELOCELL** vetscan

PET HEALTH RECORD

Photo



Pet's Name

Archer

Blood Type

Sex Male Female

DOB 11 Juli 2023 Age

Breed Corgi pembroke Color Tricolor

ID No. 360 260 000 091 905

Owner's Name HYWEL

Phone

Address

Distinguishing Marks

Born name The Rise of Archer Arkin

Breeder

Address Bandung



CARE YOUR PET by follow
 @zoetispetz.id

Type of Vaccination		Site Injection	
WEIGHT	DOGS <ul style="list-style-type: none"> <input type="checkbox"/> Parvo <input type="checkbox"/> Distemper <input type="checkbox"/> Parainfluenza <input checked="" type="checkbox"/> Hepatitis CAV-2 <input type="checkbox"/> Coronavirus <input checked="" type="checkbox"/> Leptospirosis 2/4 <input type="checkbox"/> Bordotella <input type="checkbox"/> Rabies 	CATS <ul style="list-style-type: none"> <input type="checkbox"/> Rhinotracheitis <input type="checkbox"/> Calicivirus <input type="checkbox"/> Panleukopenia <input type="checkbox"/> Rabies <input type="checkbox"/> Chlamydia <input type="checkbox"/> Leukimia <input type="checkbox"/> Infectious Peritonitis 	
TEMPERATURE			
DATE DUE			
DATE GIVEN			
23/8/23	COMMENTS		
WEIGHT	DOGS <ul style="list-style-type: none"> <input type="checkbox"/> Parvo <input type="checkbox"/> Distemper <input type="checkbox"/> Parainfluenza <input type="checkbox"/> Hepatitis CAV-2 <input type="checkbox"/> Coronavirus <input checked="" type="checkbox"/> Leptospirosis 2/4 <input type="checkbox"/> Bordotella <input type="checkbox"/> Rabies 	CATS <ul style="list-style-type: none"> <input type="checkbox"/> Rhinotracheitis <input type="checkbox"/> Calicivirus <input type="checkbox"/> Panleukopenia <input type="checkbox"/> Rabies <input type="checkbox"/> Chlamydia <input type="checkbox"/> Leukimia <input type="checkbox"/> Infectious Peritonitis 	
TEMPERATURE			
DATE DUE			
13/9/23	COMMENTS		
DATE GIVEN			
15/9/23			
WEIGHT	DOGS <ul style="list-style-type: none"> <input type="checkbox"/> Parvo <input type="checkbox"/> Distemper <input type="checkbox"/> Parainfluenza <input type="checkbox"/> Hepatitis CAV-2 <input type="checkbox"/> Coronavirus <input checked="" type="checkbox"/> Leptospirosis 2/4 <input type="checkbox"/> Bordotella <input type="checkbox"/> Rabies 	CATS <ul style="list-style-type: none"> <input type="checkbox"/> Rhinotracheitis <input type="checkbox"/> Calicivirus <input type="checkbox"/> Panleukopenia <input type="checkbox"/> Rabies <input type="checkbox"/> Chlamydia <input type="checkbox"/> Leukimia <input type="checkbox"/> Infectious Peritonitis 	
TEMPERATURE			
DATE DUE			
6/10/23	COMMENTS		
DATE GIVEN			
6/10/23			

Nobivac® Rabies
 Batch/Lot: A546C02
 Exp./Valid: 06-2024

EYES/EARS/NOSE
 TEETH/GUMS
 NAILS/CLAWS
 FEET/LUNGS
 SKIN/COAT
 LYMPH NODES
 NUTRITION
 MOBILITY
 DEWORMING
 FLEAS
 TOILET HABITS

1 dose 1 mL
Leptosira Canicola-Icterohaemorrhagiae Bacterin
Leptoform C-1®
 U.S. Veterinary License No. 190
 Zoetis Inc.
 Kalamazoo, MI 49007, USA
 zoetis
 SER 594699B
 EXP 15 JAN 25

1 dose Rehydrate to 1 mL
Canine Distemper-Adenovirus Type 2-Parainfluenza-Parvovirus Vaccine
 Modified Live Virus
 U.S. Veterinary License No. 190
 Zoetis Inc.
 Kalamazoo, MI 49007, USA
VANGUARD® PLUS
 SER 622156
 EXP 26 MAR 24

1 dose 1 mL
Canine Coronavirus Vaccine
 Killed Virus
 U.S. Veterinary License No. 190
 Zoetis Inc.
 Kalamazoo, MI 49007, USA
VANGUARD® CV
 SER 419263
 EXP 13 FEB 24

1 dose Rehydrate to 1 mL
Canine Distemper-Adenovirus Type 2-Parainfluenza-Parvovirus Vaccine
 Modified Live Virus
Leptosira Canicola-Crippotyphosa-Icterohaemorrhagiae-Pomona Bacterin
 U.S. Veterinary License No. 190
 Zoetis Inc.
 Kalamazoo, MI 49007, USA
VANGUARD® PLUS
 SER 616977A
 EXP 27 FEB 24

1 dose 1 mL
Canine Coronavirus Vaccine
 Killed Virus
 U.S. Veterinary License No. 190
 Zoetis Inc.
 Kalamazoo, MI 49007, USA
VANGUARD® CV
 SER 623687
 EXP 20 FEB 24

1 dose Rehydrate to 1 mL
Canine Distemper-Adenovirus Type 2-Parainfluenza-Parvovirus Vaccine
 Modified Live Virus
Leptosira Canicola-Crippotyphosa-Icterohaemorrhagiae-Pomona Bacterin
 U.S. Veterinary License No. 190
 Zoetis Inc.
 Kalamazoo, MI 49007, USA
VANGUARD® PLUS
 SER 616979A
 EXP 27 FEB 24

drh. Felicia Laksmi E
Jl. Cikutra Baru 30, Bandung
Hp . 0818423197

The Label

drh. Felicia Laksmi E
Jl. Cikutra Baru 30, Bandung
Hp . 0818423197

The Label

drh. Felicia Laksmi E
Jl. Cikutra Baru 30, Bandung
Hp . 0818423197

The Label

Note: General clinical examination. Does not include diagnostic tests.



CARE YOUR PET by follow
 @zoetispetz.id

Type of Vaccination		Site Injection	EYES/EARS/NOSE					TEETH/GUMS					NAILS/CLAWS					EARTH/LUNGS					SKIN/COAT					LYMPH NODES					NUTRITION					MOBILITY					DEWORMING					FLEAS					TOILET HABITS					Vet's Remarks
WEIGHT	DOGS <input type="checkbox"/> Parvo <input type="checkbox"/> Distemper <input type="checkbox"/> Parainfluenza <input type="checkbox"/> Hepatitis CAV-2 <input type="checkbox"/> Coronavirus <input checked="" type="checkbox"/> Leptospirosis 2/4 <input type="checkbox"/> Bordotella <input checked="" type="checkbox"/> Rabies	CATS <input type="checkbox"/> Rhinotracheitis <input type="checkbox"/> Calicivirus <input type="checkbox"/> Panleukopenia <input type="checkbox"/> Rabies <input type="checkbox"/> Chlamydia <input type="checkbox"/> Leukimia <input type="checkbox"/> Infectious Peritonitis																																										drh. Felicia Laksmi E Jl. Cikutra Baru 30, Bandung Hp . 0818423197														
TEMPERATURE	COMMENTS		Put Label Here																									Vet's Sign and Stamp on The Label																														
DATE DUE	COMMENTS		Put Label Here																									Vet's Sign and Stamp on The Label																														
DATE GIVEN	COMMENTS		Put Label Here																									Vet's Sign and Stamp on The Label																														

Note: General clinical examination. Does not include diagnostic tests.