



**Faculty of Veterinary Medicine
University of Zagreb**

VETERINARY TEACHING HOSPITAL PRACTICALS

Student Log – Night shifts on Clinics - __ semester

First and Last name of the student: _____

Academic year: _____

Student number: ENG _____

Date of shift: _____

Clinic/Department: _____

Date: _____

Owner: _____

Description (nacional): _____

History: _____

Results: _____

Diagnosis: _____

Course of the illness and treatment:

Mentor's signature

Student's signature

