

TEDDY BEAR CLINIC

 Heart

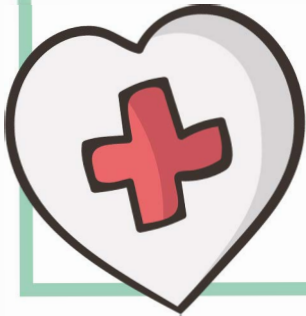
 Vaccinations

 Eyes

Notes: _____

 Ears

Signed: _____ Date: _____



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