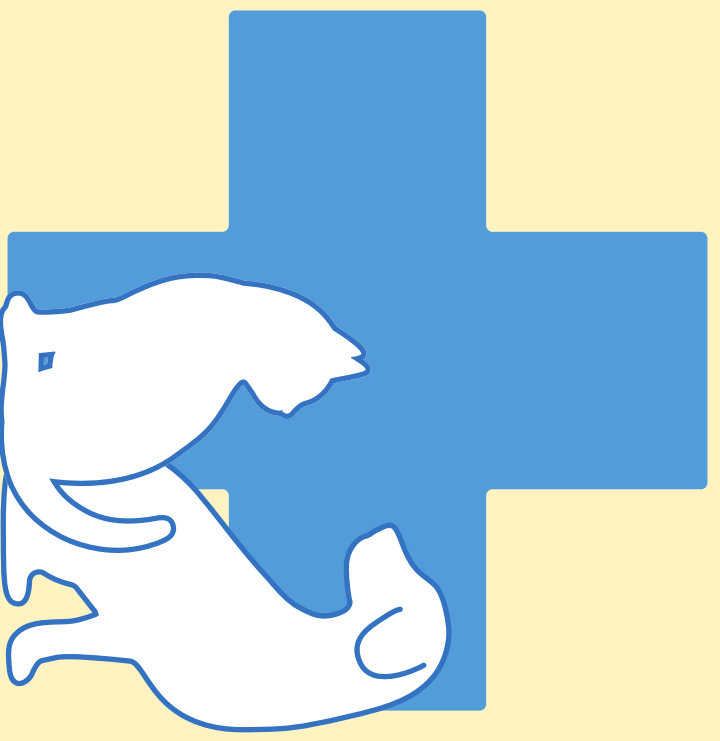


Veterinary CLINIC



How to Play Veterinary Clinic Dramatic/Pretend Play

Materials Needed:

- Printables :Print out all printable materials including the price list, sign, medicine, and etc.
- Cash Register: You can use a toy cash register or make one from a box for this.

Instructions:

Step 1: Print and Prepare Materials

- Print and Cut: Print Pet Patient Forms, Pet X-rays and Charts, Prescription Pads, Clinic Signs, Money, Nametags, etc.

Step 2: Set Up the Clinic

- Location: Choose a table or corner.
- Waiting Area: Arrange chairs and a small table with magazines or books for the waiting area.
- Examination Room: Set up a table with the printable medical kit and a space for the pet patient forms.
- Reception Desk: Set up with money and a place for pet owners to check in and pay.
- Decorate: Hang the shop signs.

Step 3: Role Assignment

- Assign Roles: Decide who will be the veterinarian, receptionist, and pet owner.
- Name Tags: Give out the printed name tags.

Step 4: Pretend Play

- Check-In Process: Pet owners bring their stuffed animals/toy pets to the reception desk to check in. They fill out the pet patient forms with details about the pet and its symptoms.
- Waiting Area: Pet owners wait with their pets in the waiting area until called by the veterinarian.
- Examination: The veterinarian examines the pet using the toy medical tools, referencing the pet x-rays and charts for diagnosis. They record their findings on the pet patient forms.
- Treatment Plan: The veterinarian writes a prescription or care instructions on the printable prescription pad.
- Payment: The pet owner "pays" for the visit using the printable money at the reception desk.

Step 5: Cleanup

- Store Printables: Collect and store for future use.
- Clean Area: Tidy up the play space.

Veterinary Clinic Price List

Consultation Fees

General Check-Up: \$25

Emergency Visit: \$50

Vaccinations

Rabies Vaccine: \$15

Treatments

Deworming: \$15

Flea & Tick Treatment: \$20

Spaying/Neutering: \$60

Dental Cleaning: \$50

Wound Care: \$25

Medications

Antibiotics: \$15

Pain Relievers: \$10

Special Diet Food: \$20

Eye Drops: \$10

Grooming Services

Bath: \$20

Nail Clipping: \$10

Ear Cleaning: \$15

Haircut: \$25

Health Screenings

Basic Health Screen: \$20

Blood Test: \$30

X-Ray: \$40

Ultrasound: \$45

Other Services

Microchipping: \$35

Pet Boarding (per day): \$30

Behavioral Consultation: \$40

Weight Management Program: \$25



OPEN

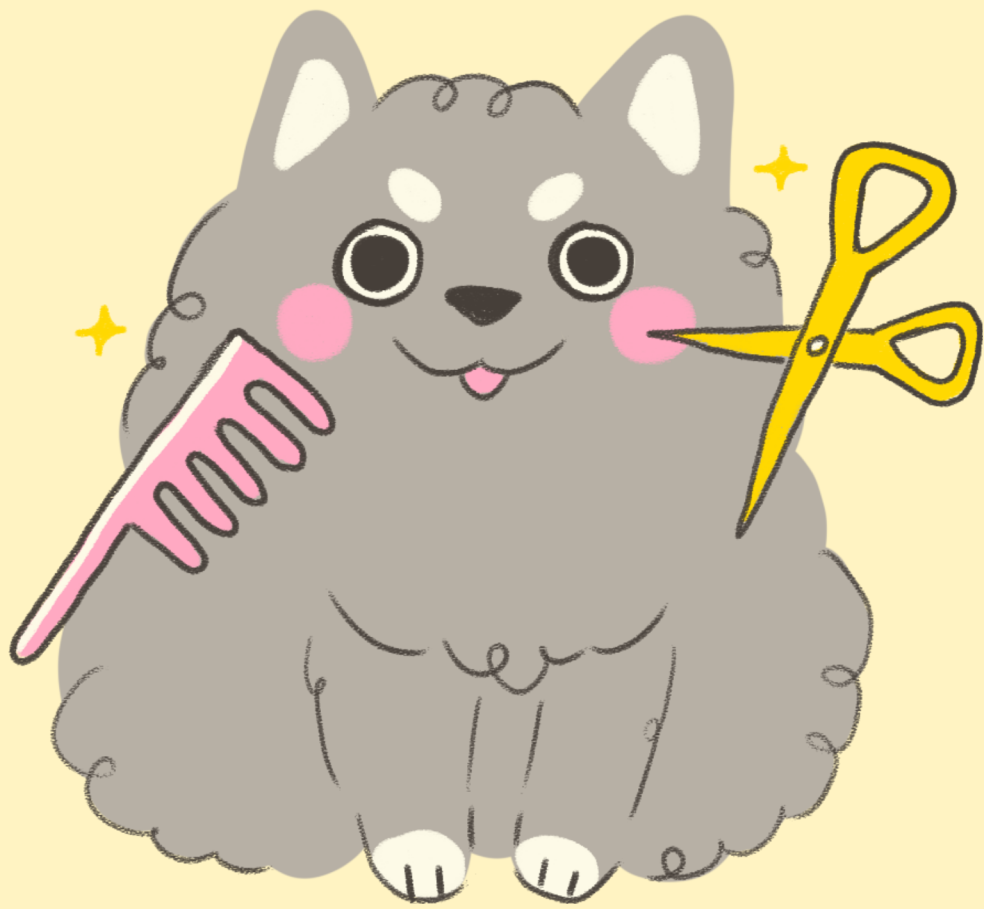


CLOSED

EXAM ROOM



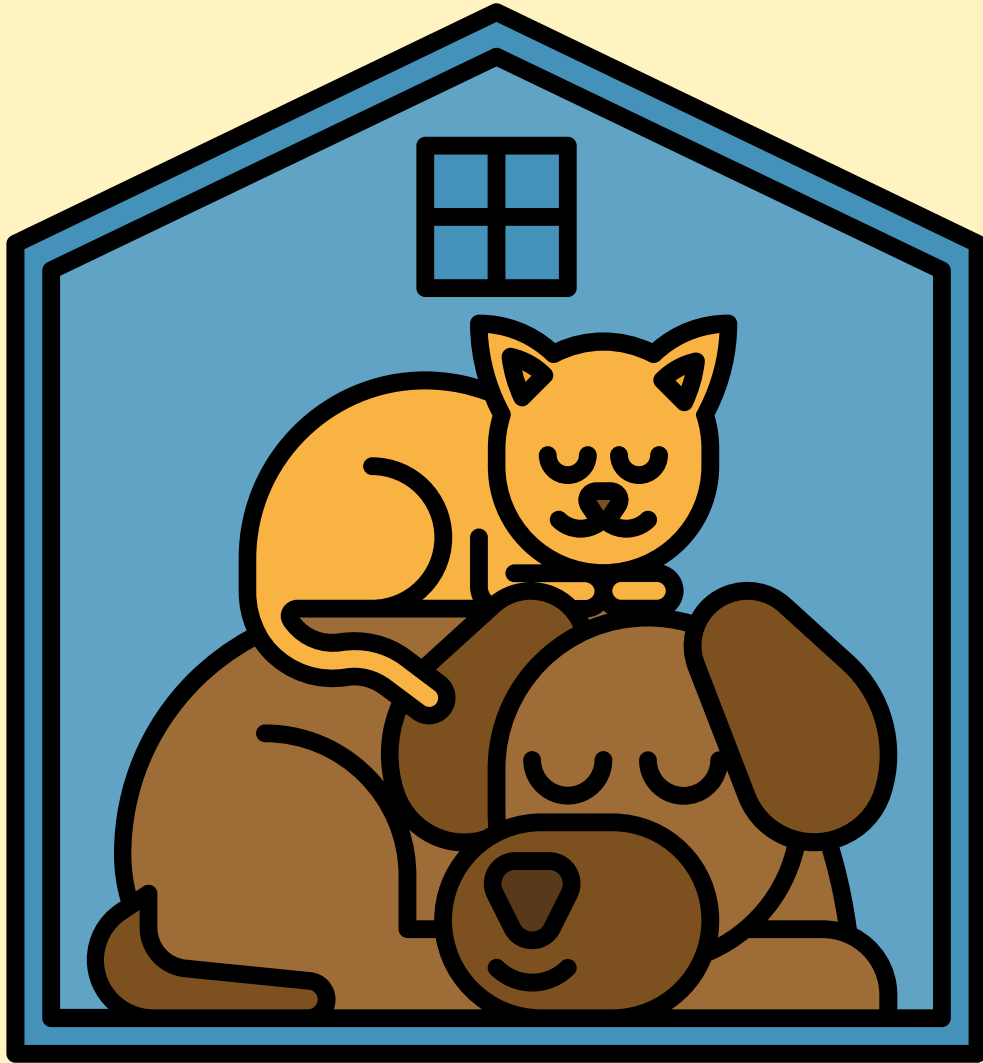
GROOMING ROOM



SURGERY ROOM



WAITING AREA



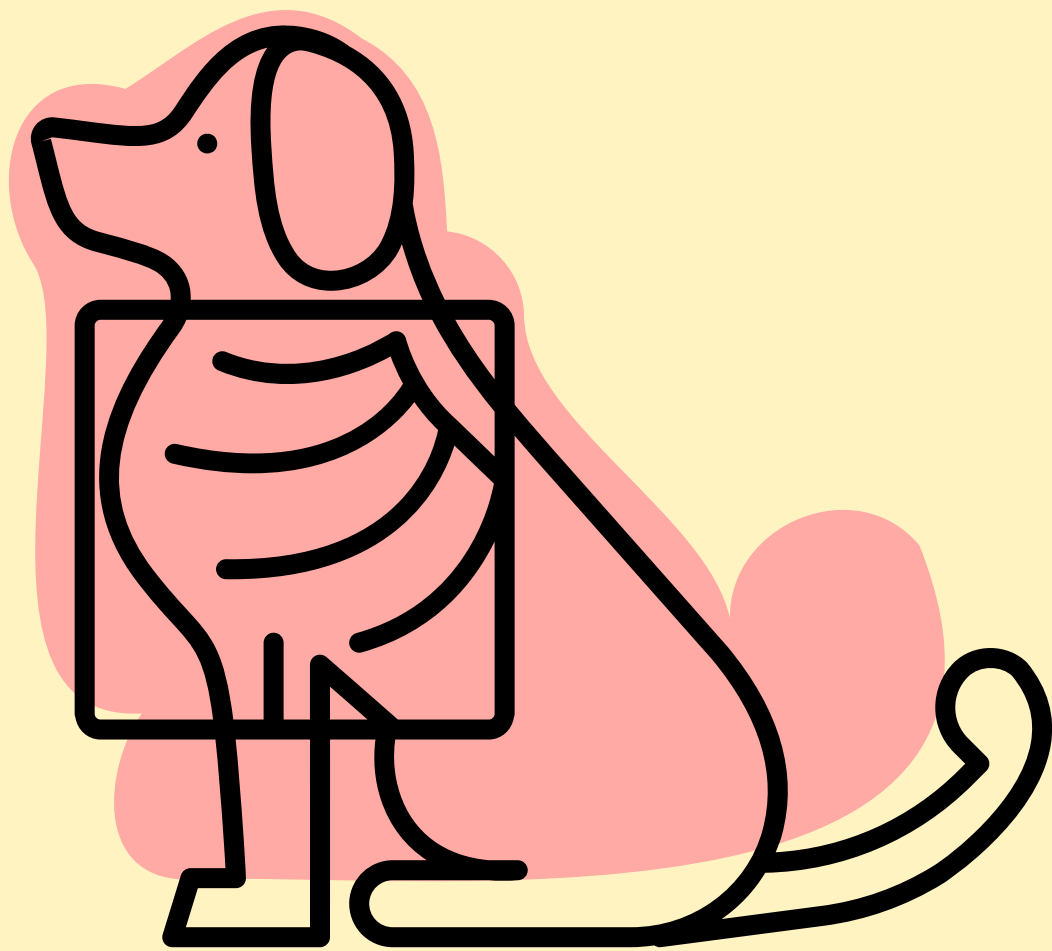


THE DOCTOR IS OUT

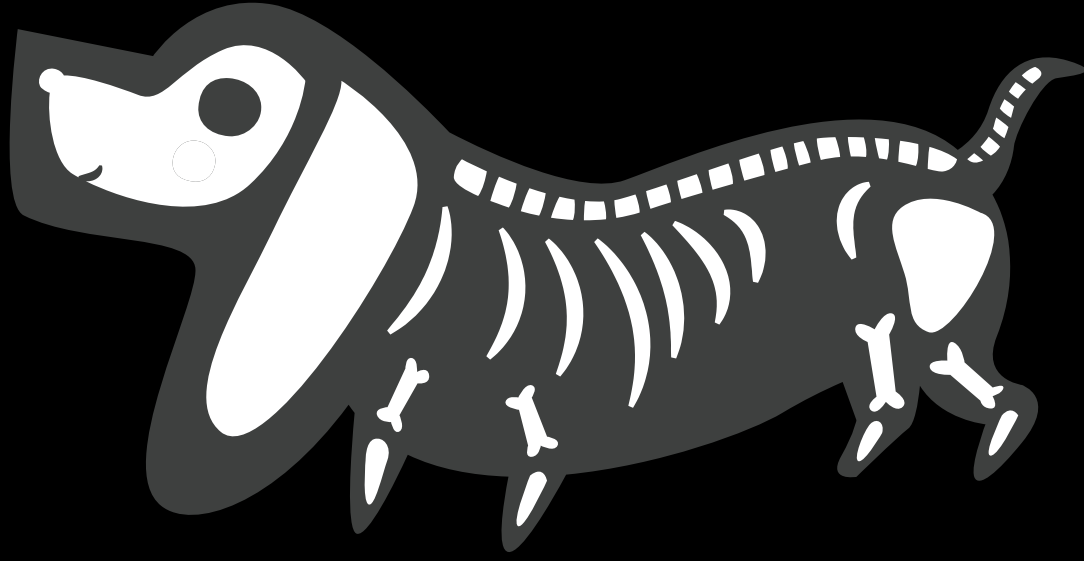


THE DOCTOR IS IN

X-RAY ROOM



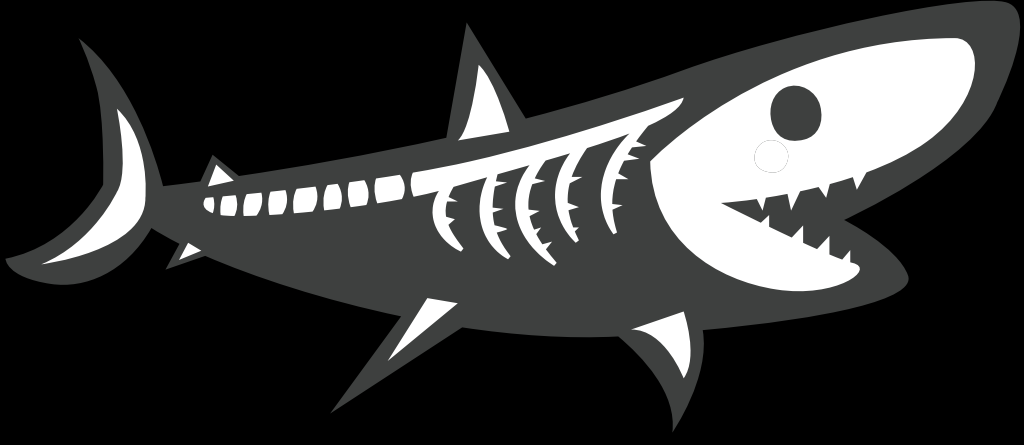
DOG X-RAY



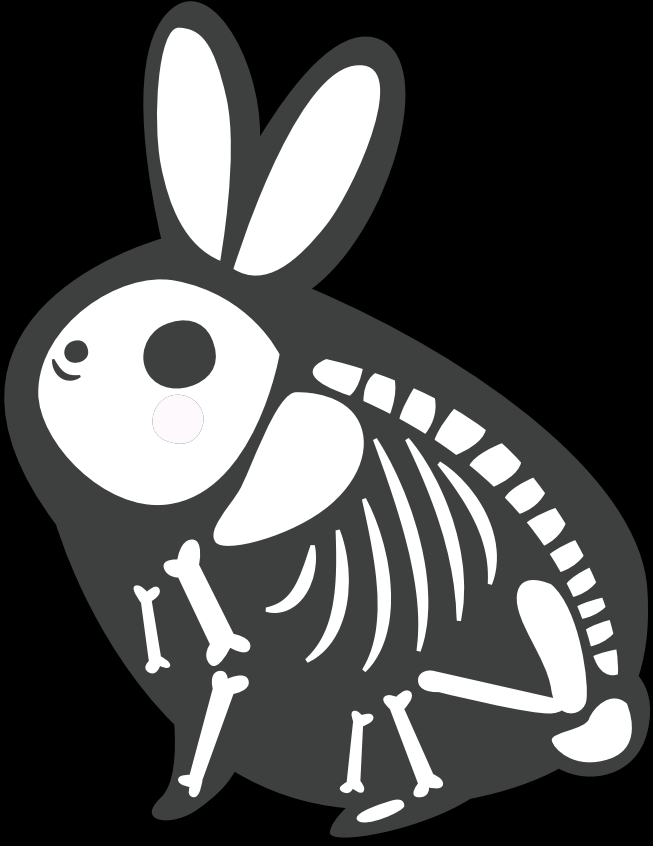
CAT X-RAY



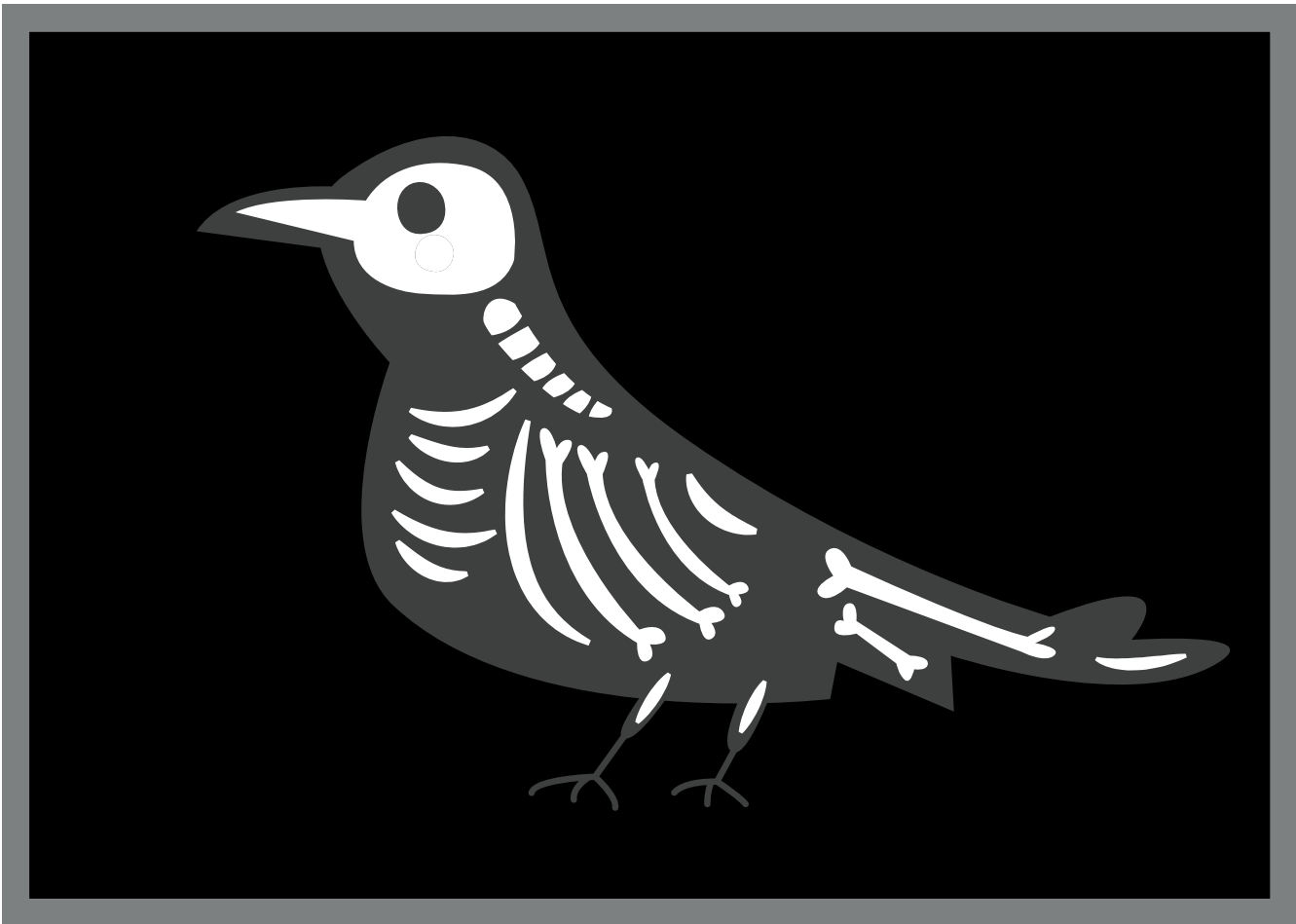
FISH X-RAY



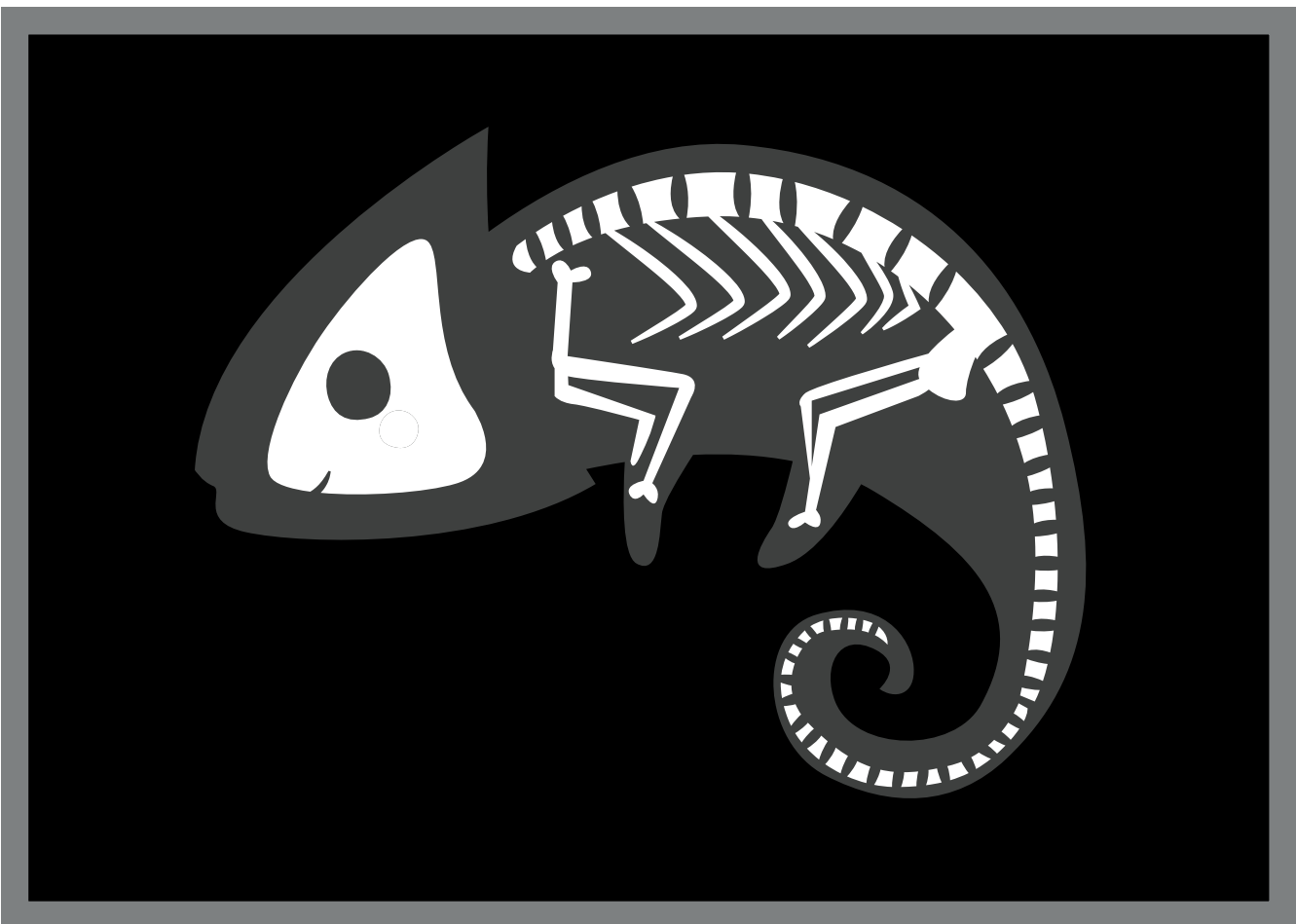
RABBIT X-RAY



BIRD X-RAY



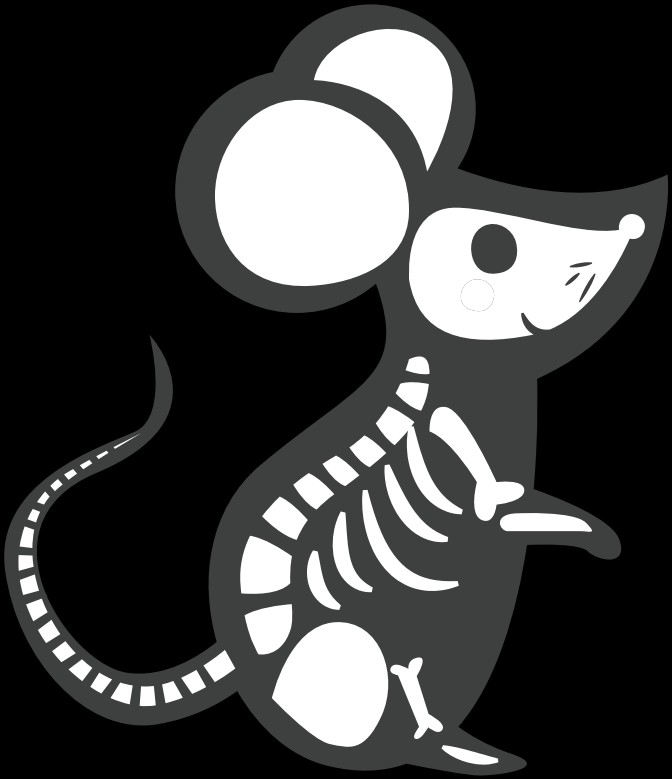
CHAMELEON X-RAY



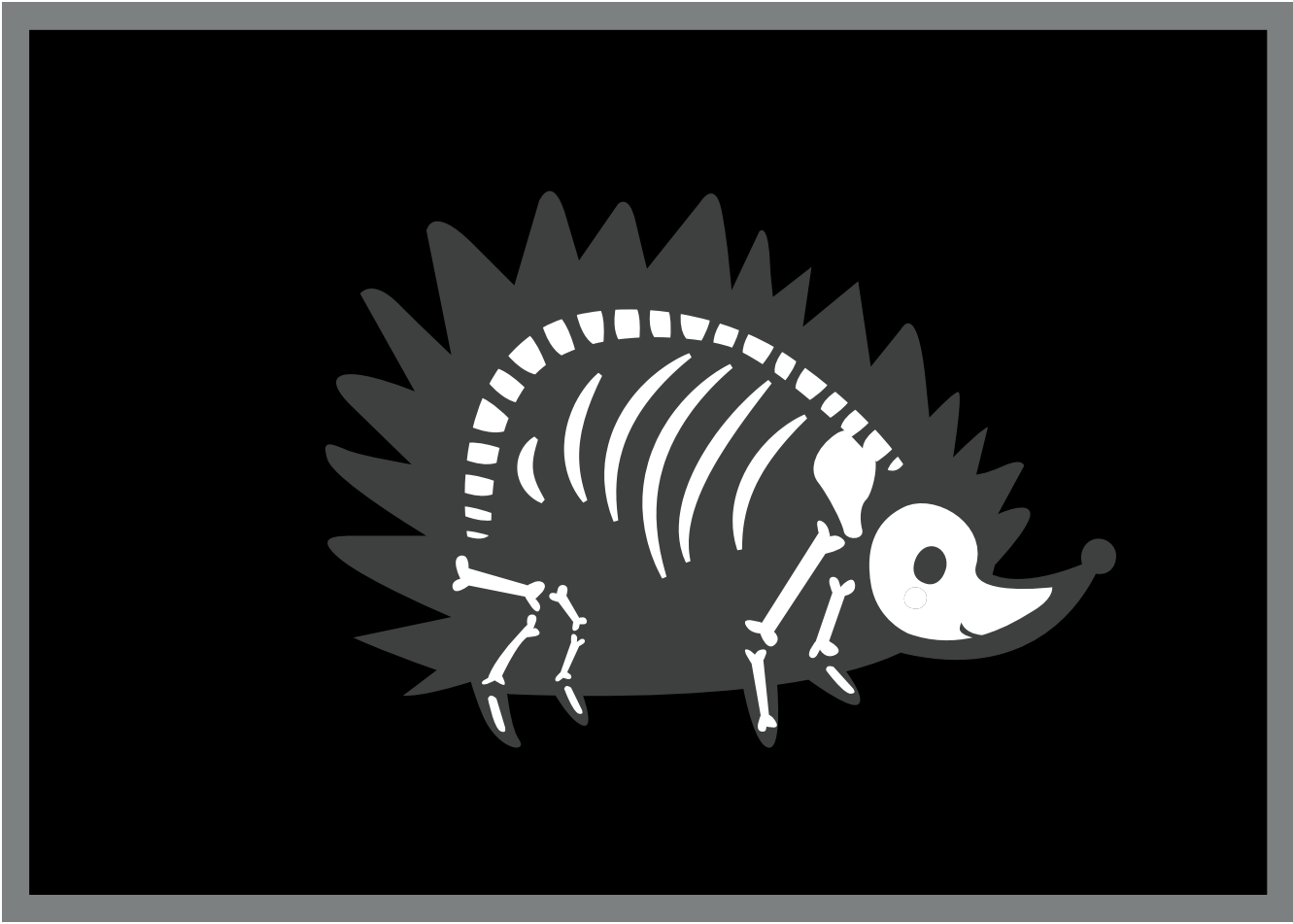
FROG X-RAY



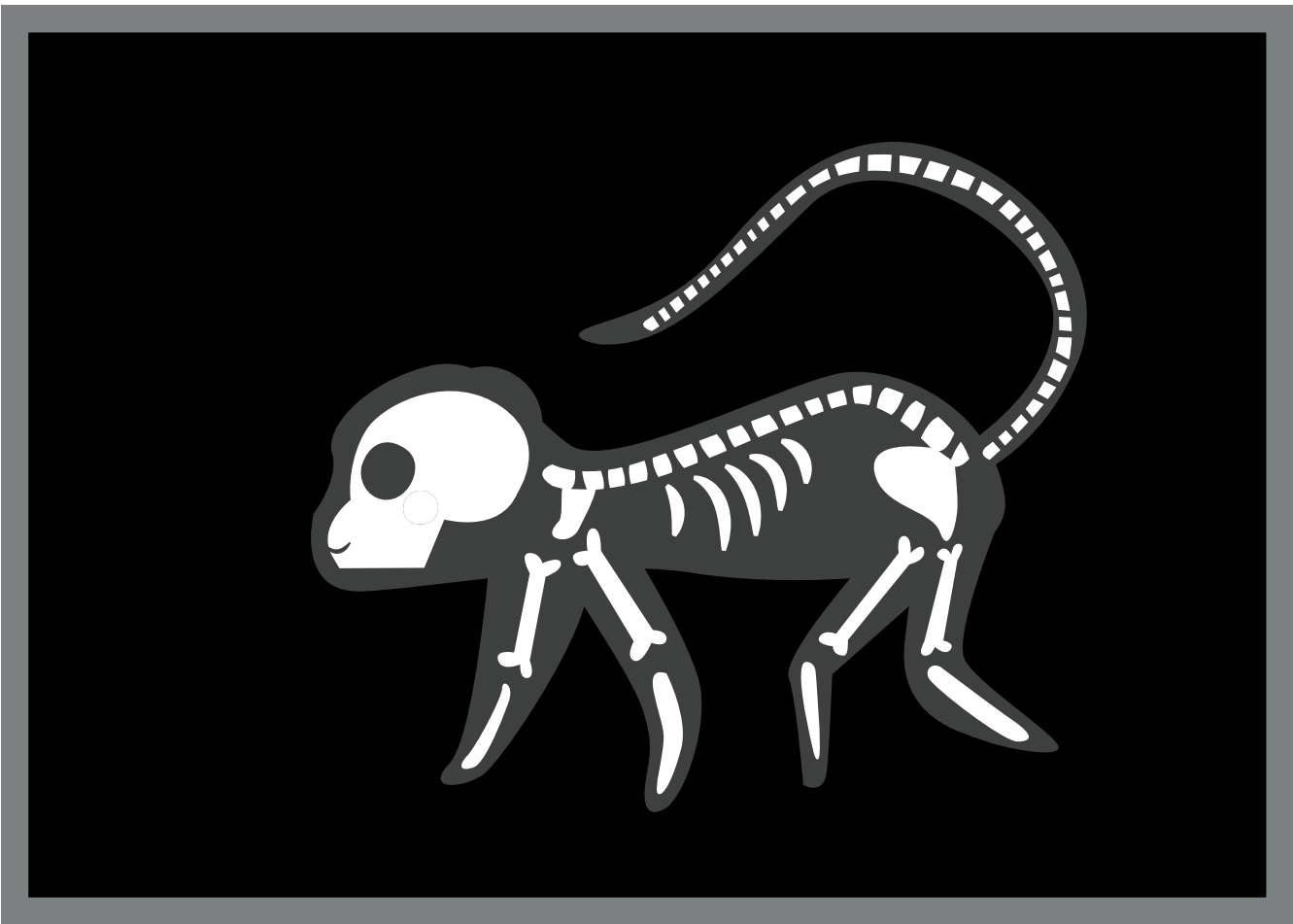
MOUSE X-RAY

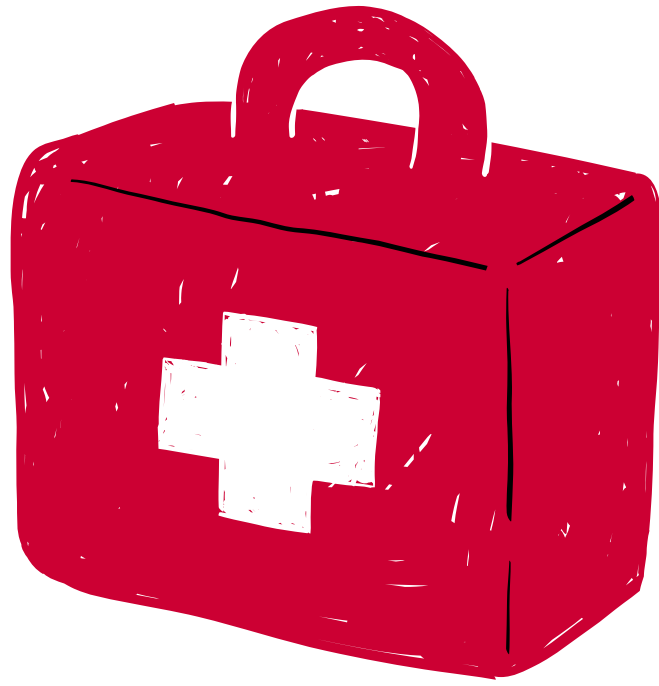


HEDGEHOG X-RAY

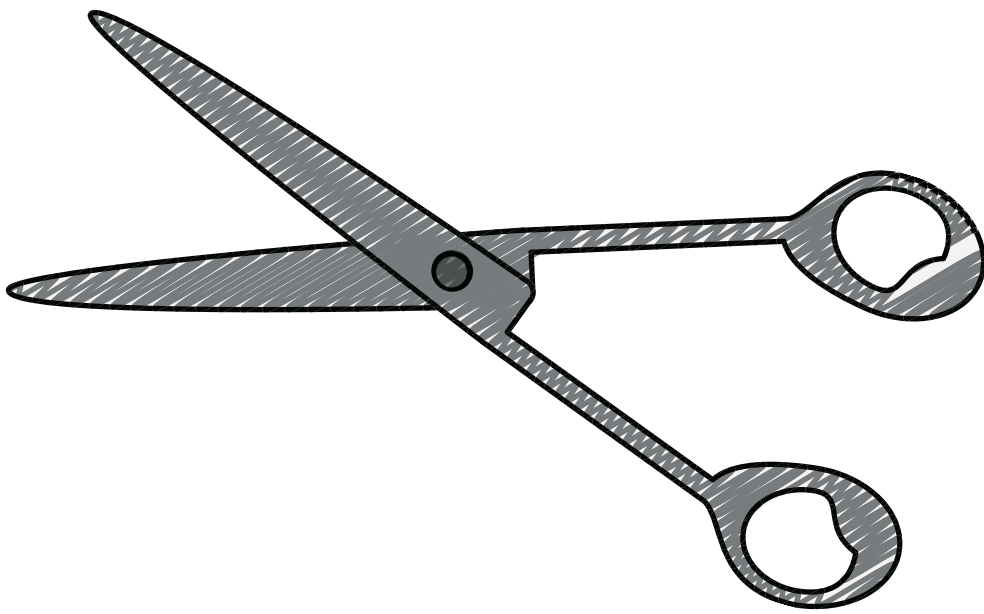


MONKEY X-RAY

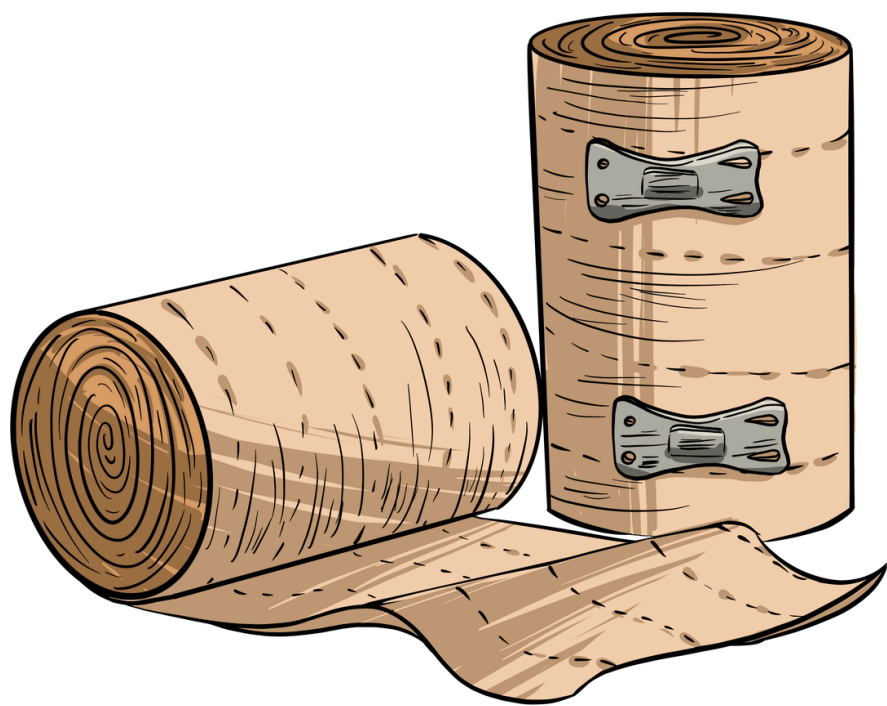




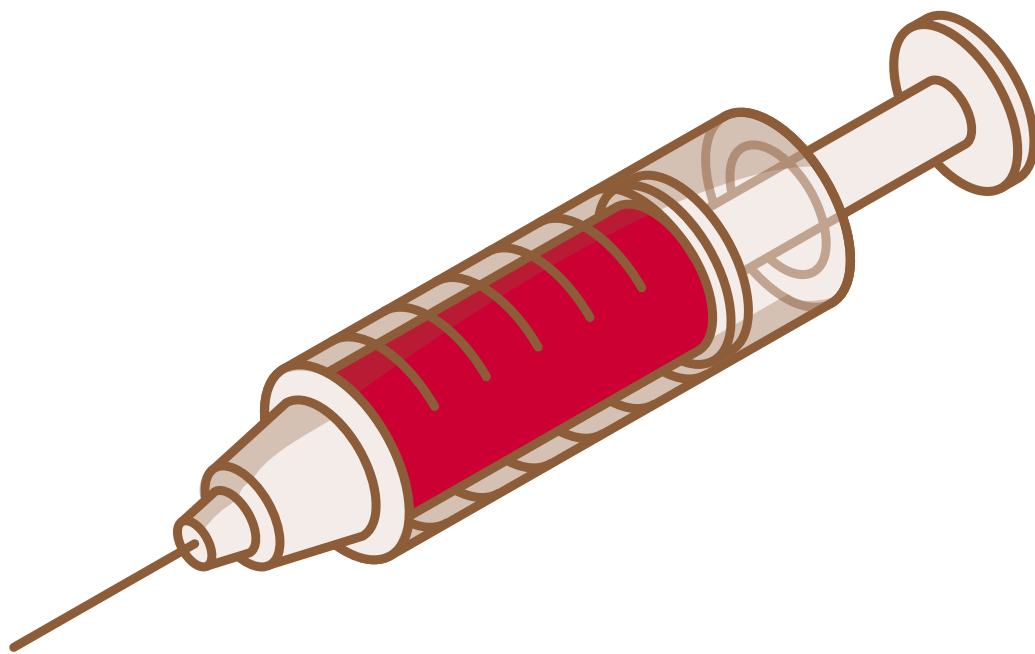
First Aid Kit



Scissors



Bandage



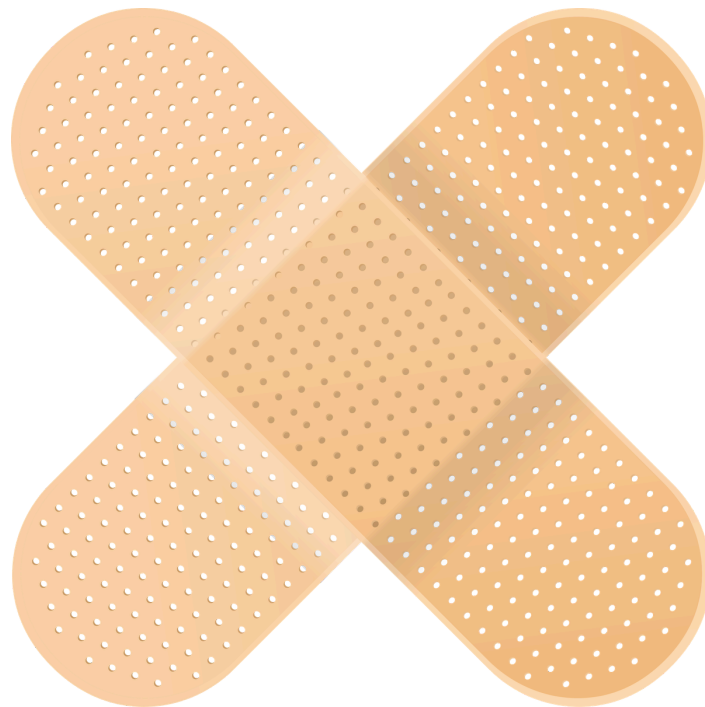
Syringe



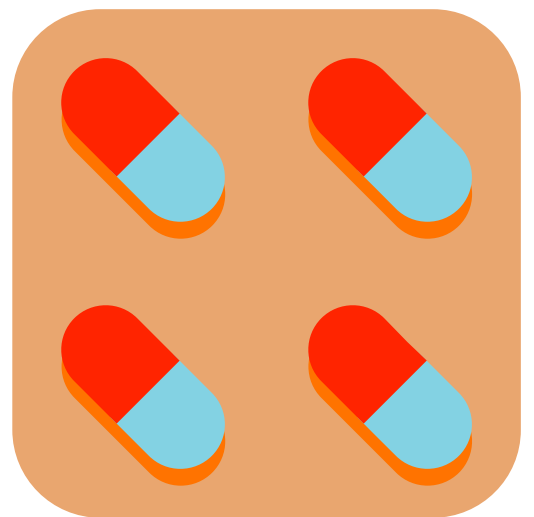
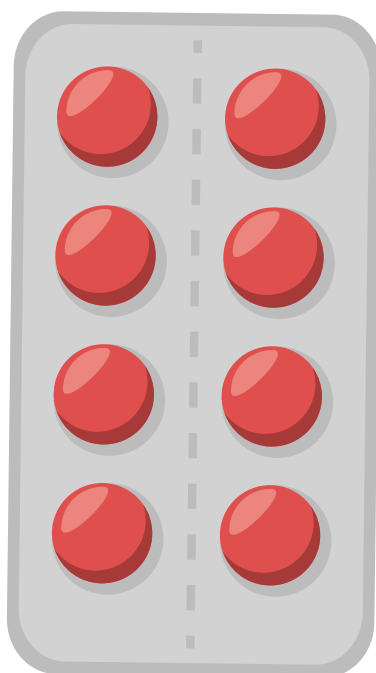
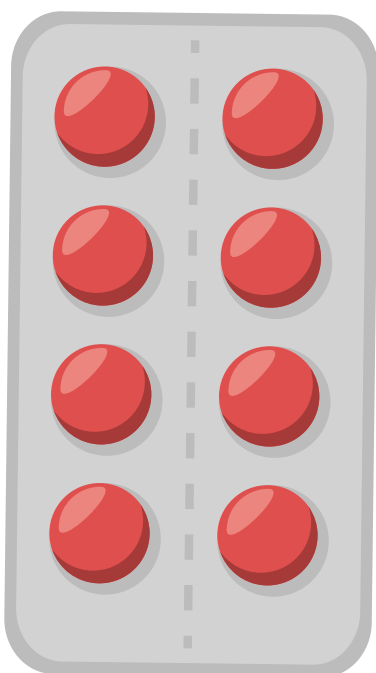
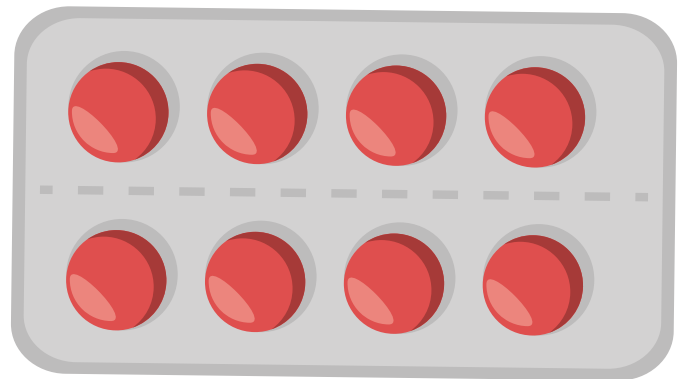
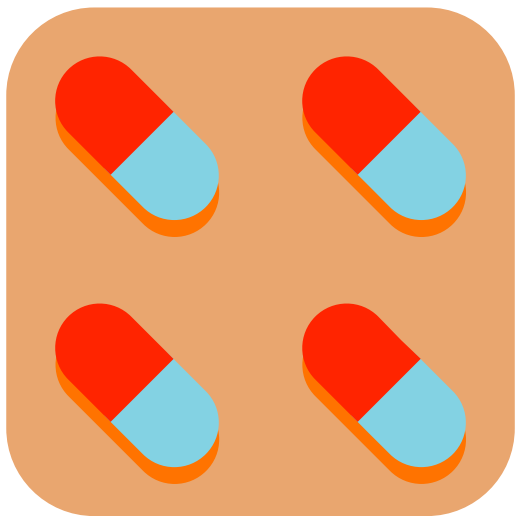
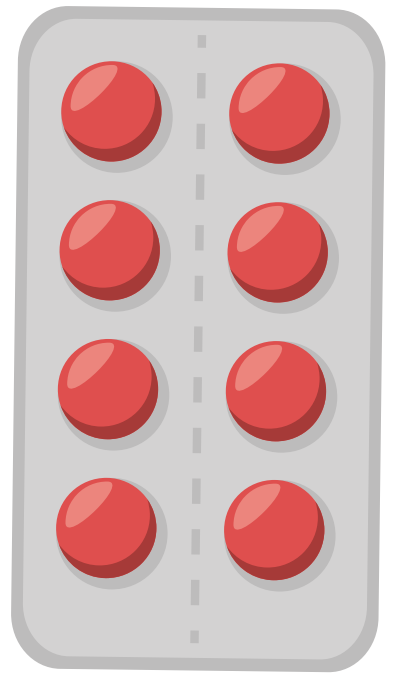
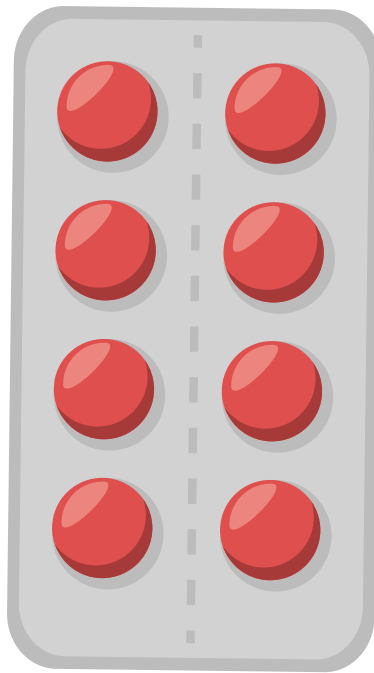
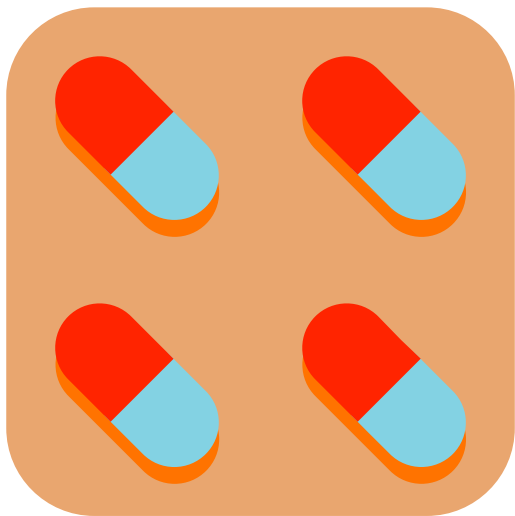


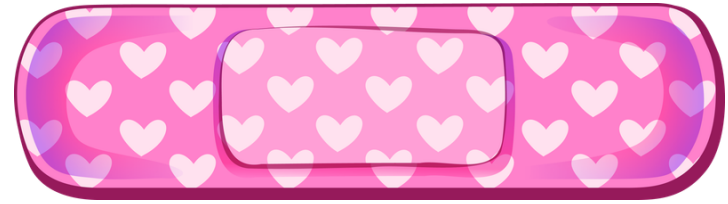
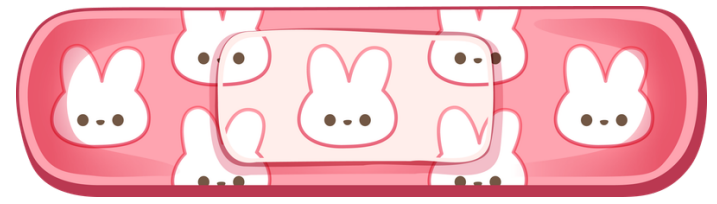
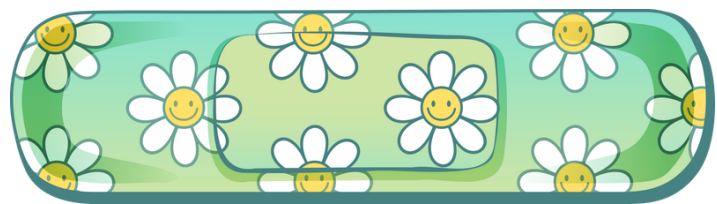
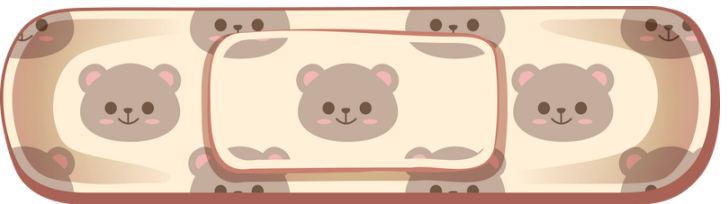
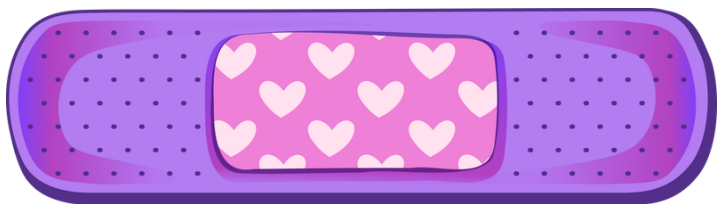
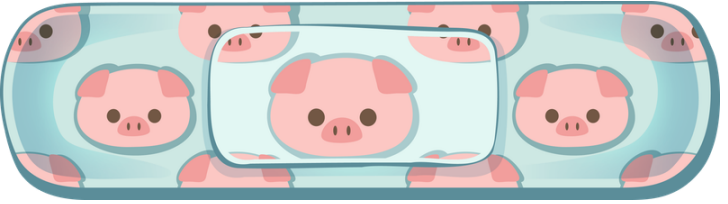
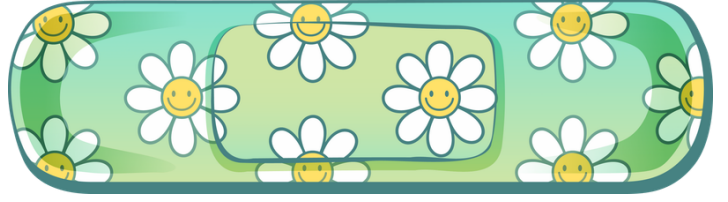
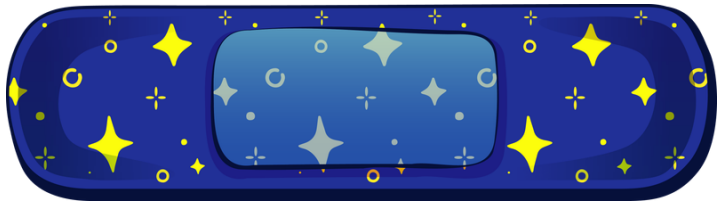
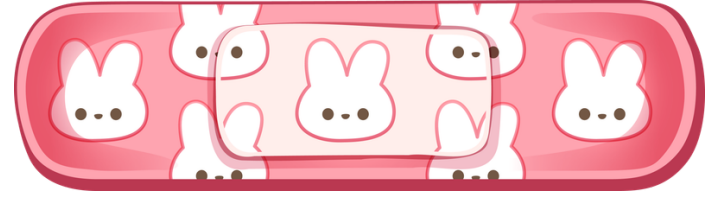
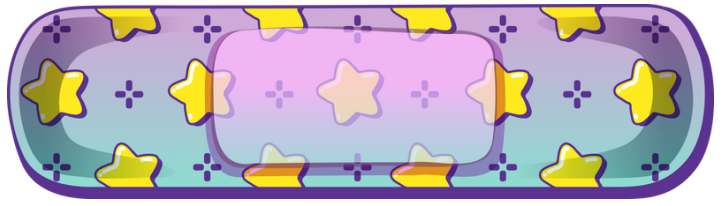
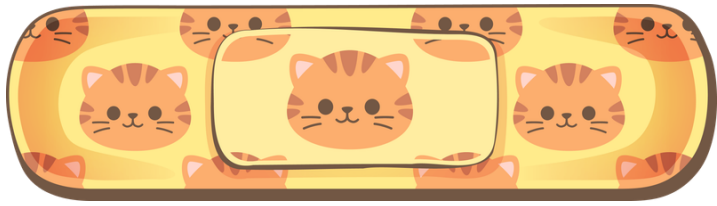


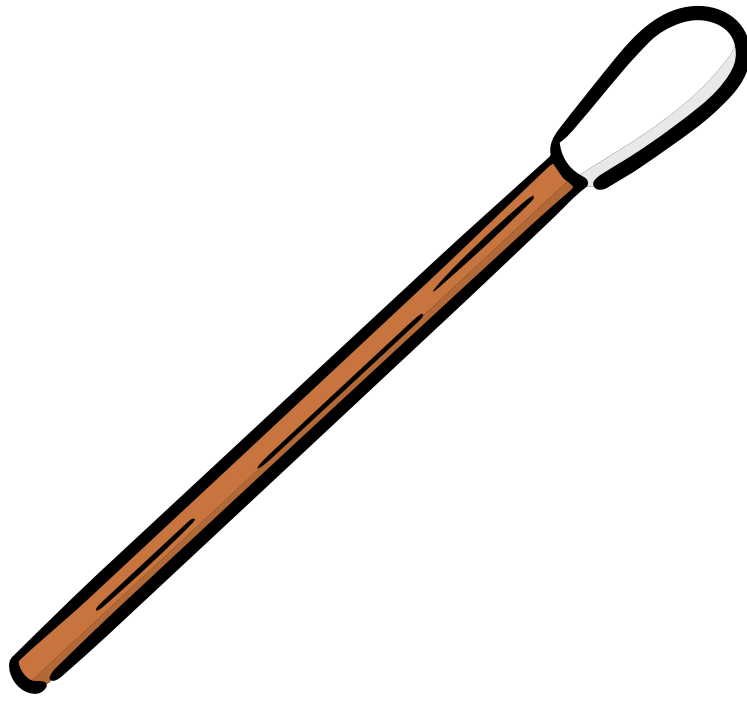
Medicine



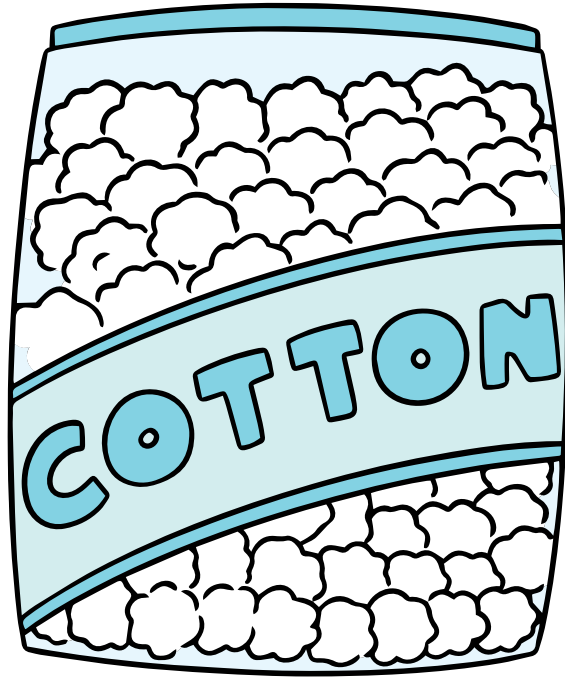
Band-aids



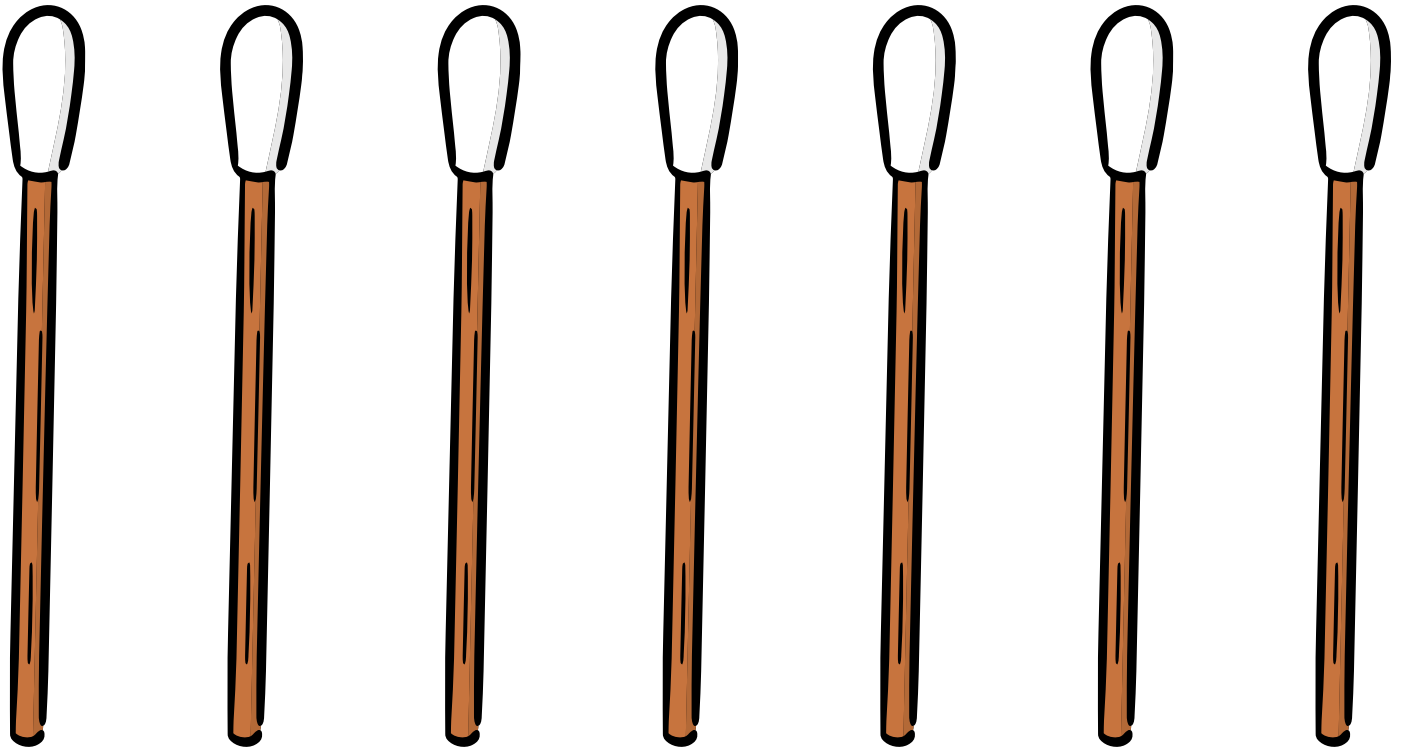
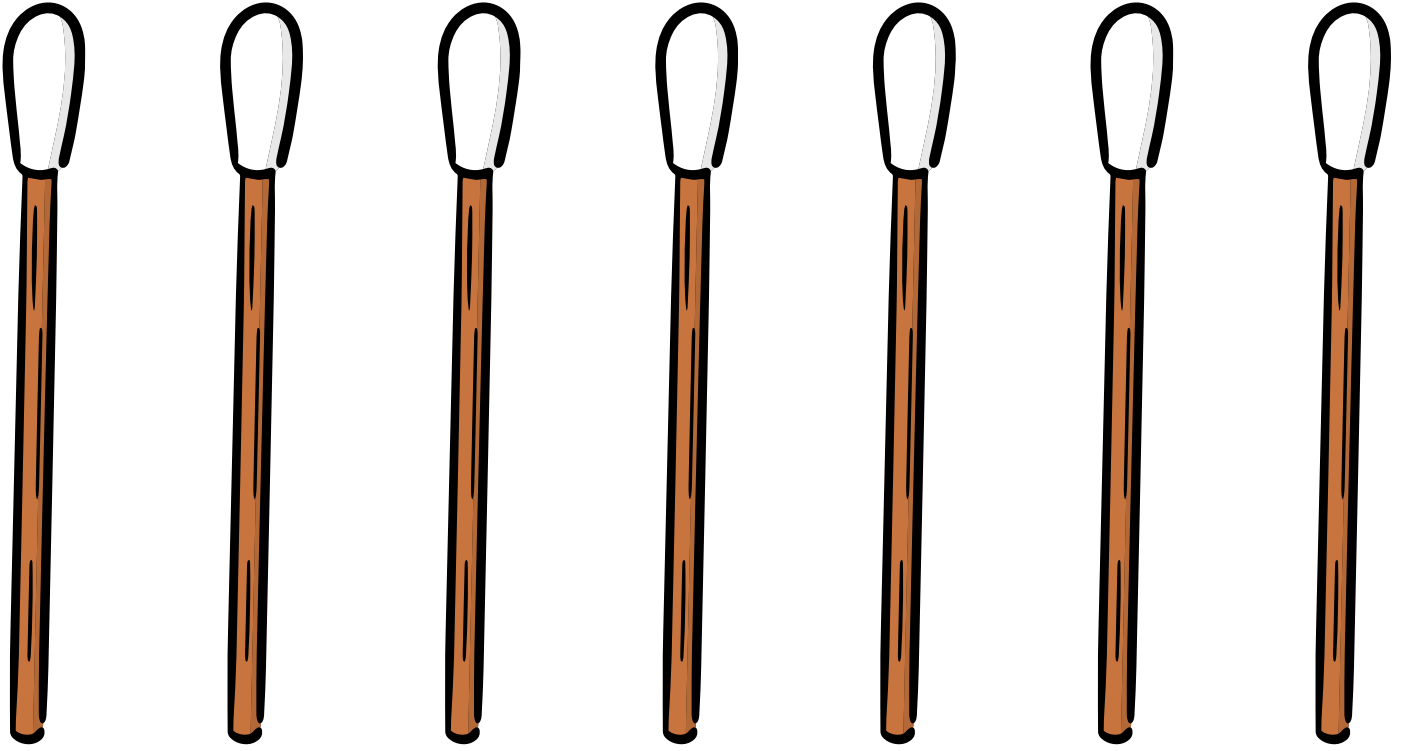


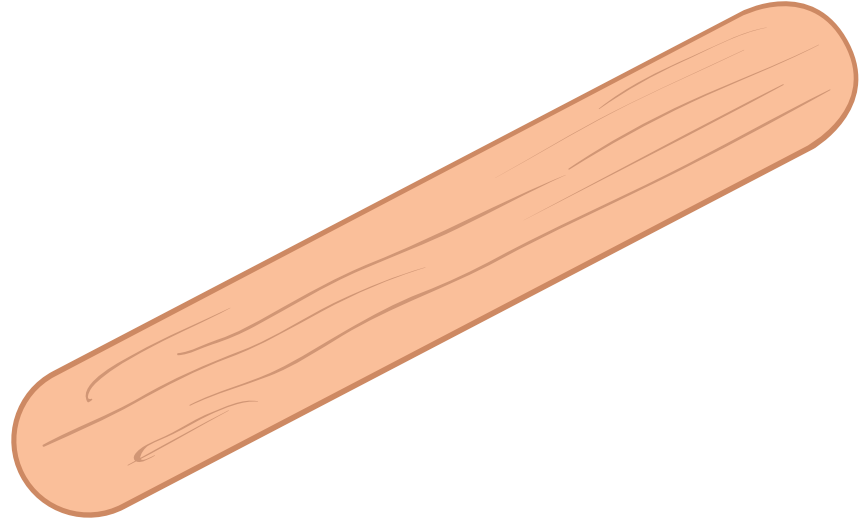


Swabs

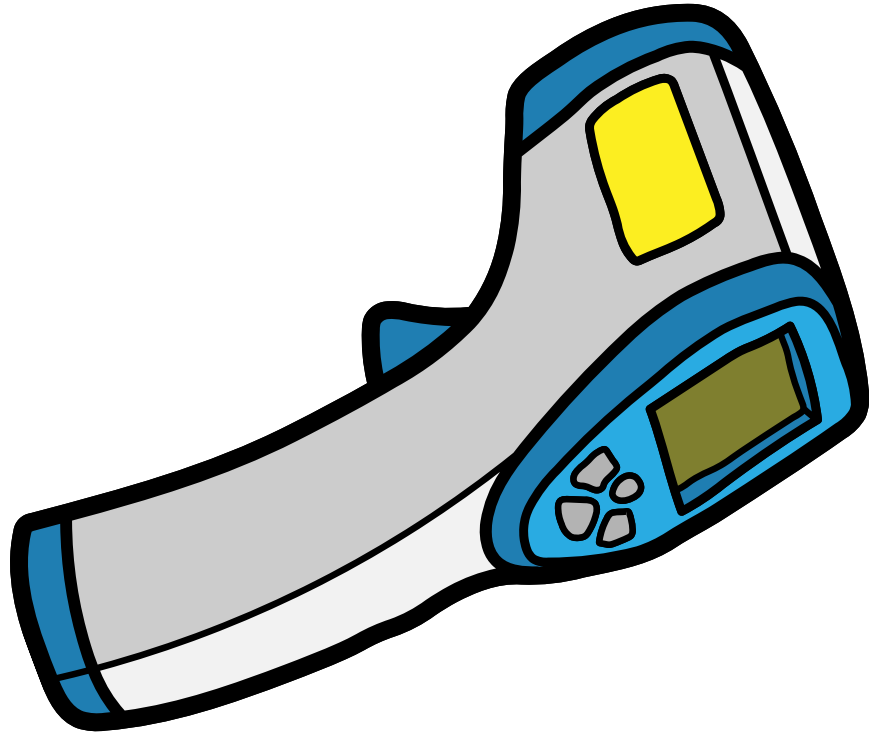


Cotton

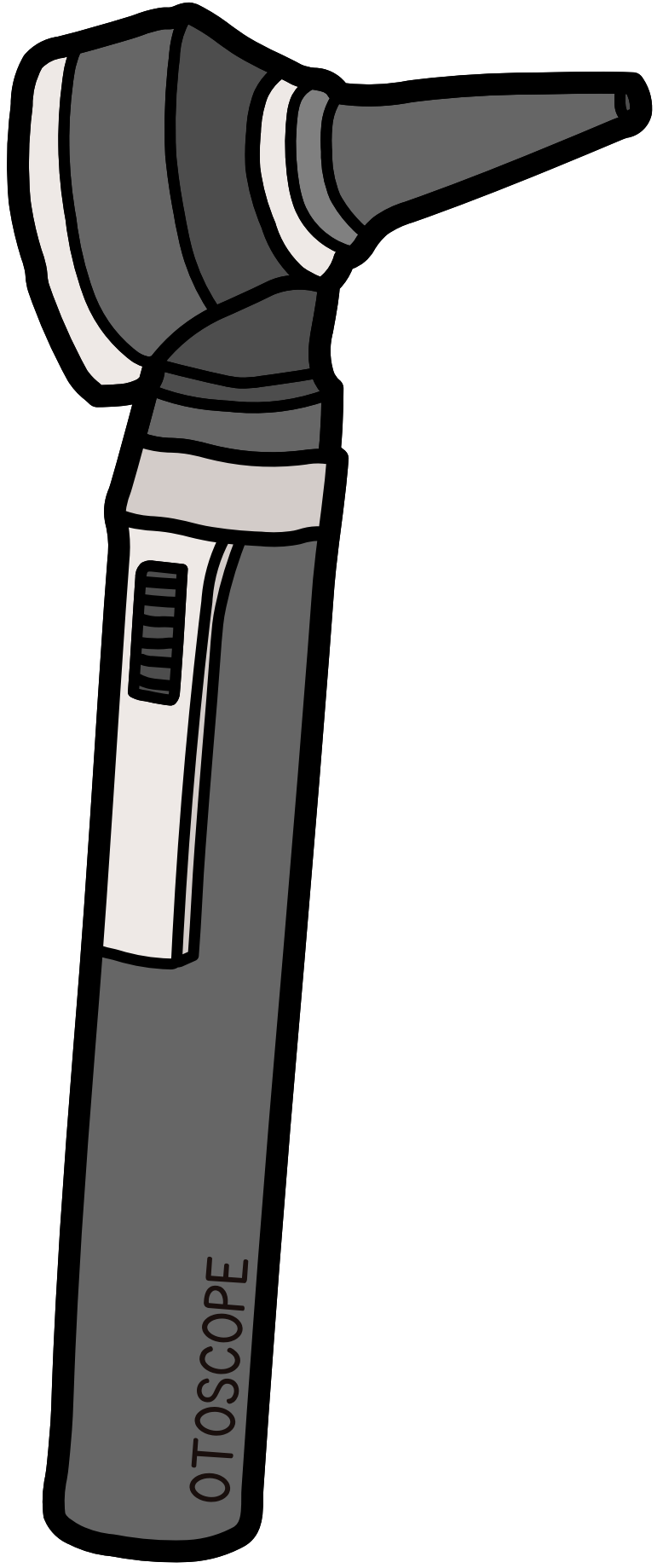
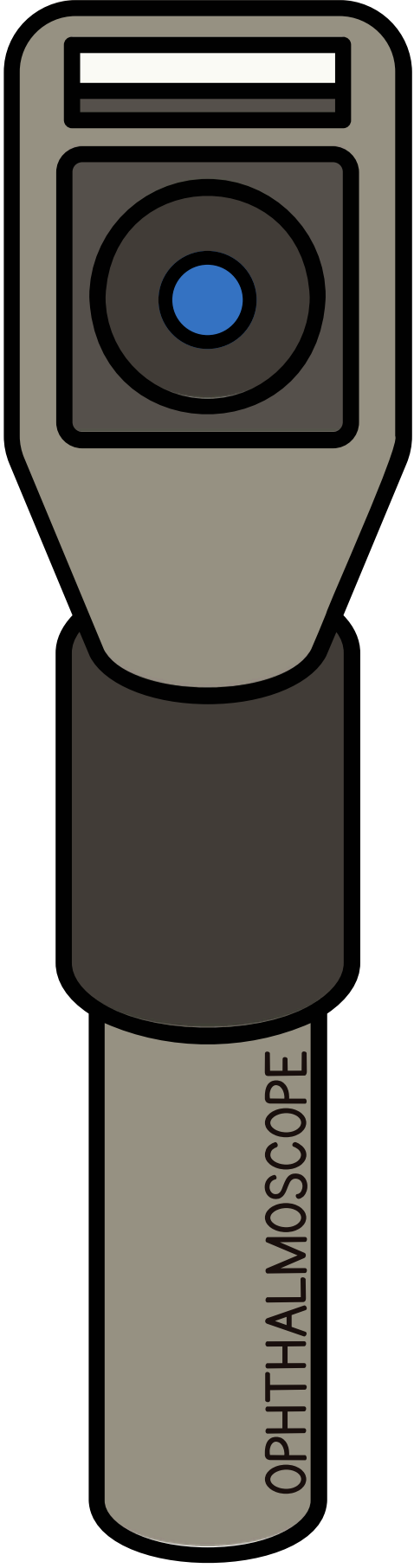


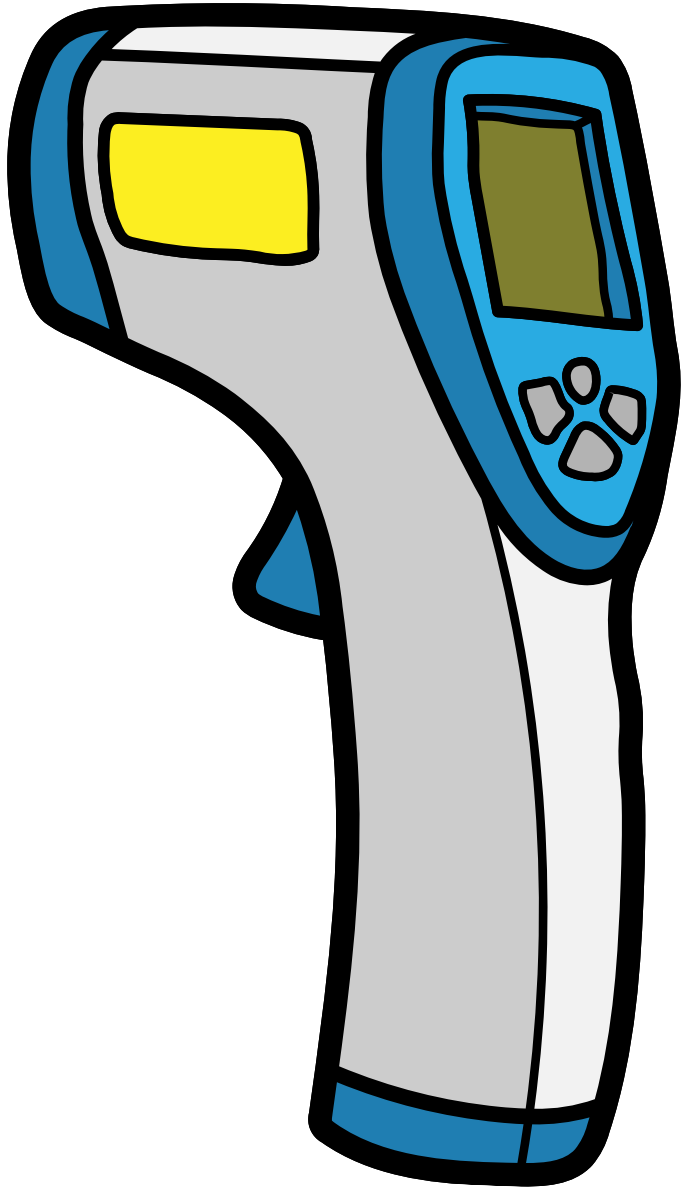
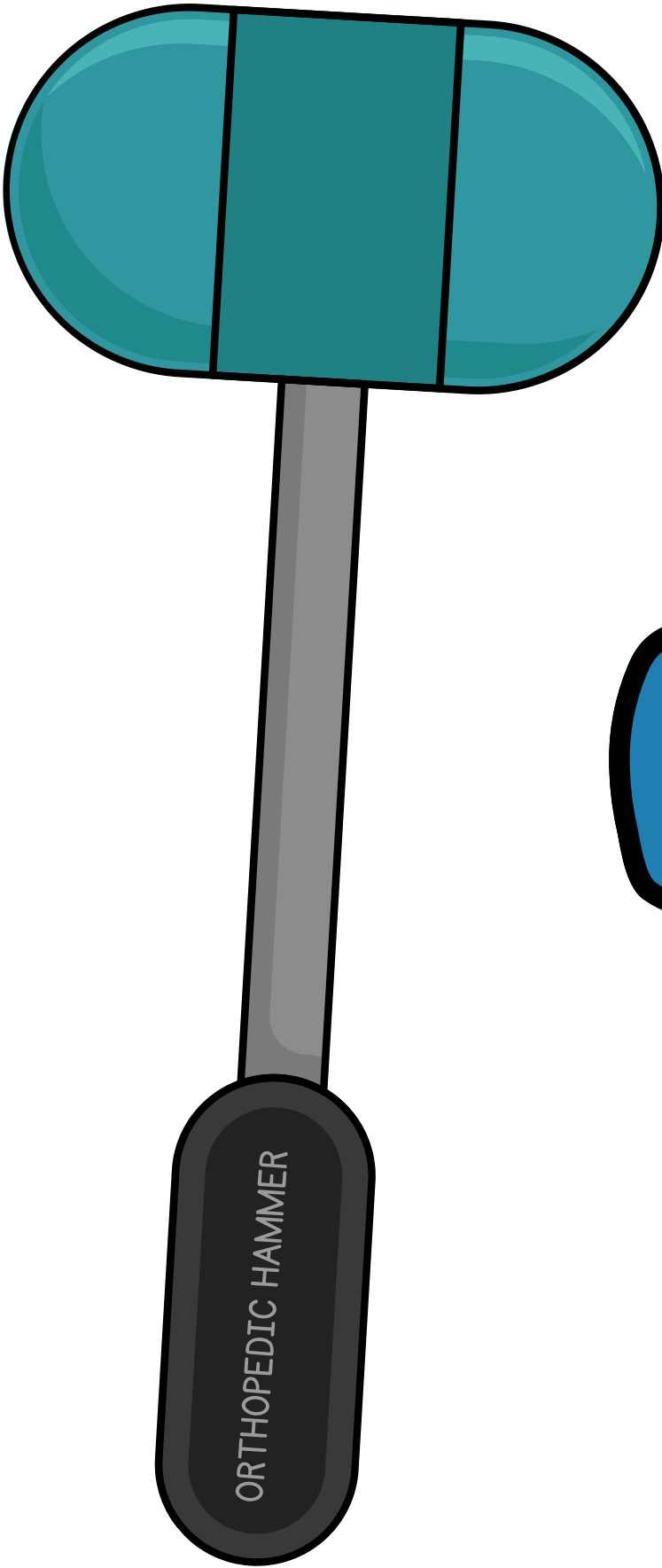


Tongue Depressor



Thermometer





PATIENT INFORMATION

Pet's Name: _____

Type of Pet:



Dog



Cat



Rabbit



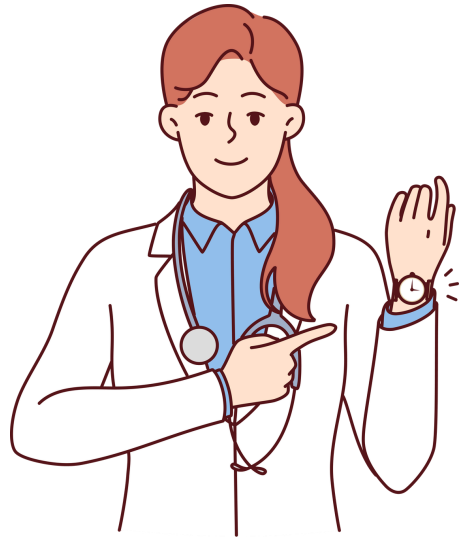
Hamster



Bird

Other

Clinic Hours



Monday: _____ to _____

Tuesday: _____ to _____

Wednesday: _____ to _____

Thursday: _____ to _____

Friday: _____ to _____

Saturday: _____ to _____

Sunday: _____ to _____

Doctor of Veterinary Medicine

VET CLINIC

Patient Name

Rx

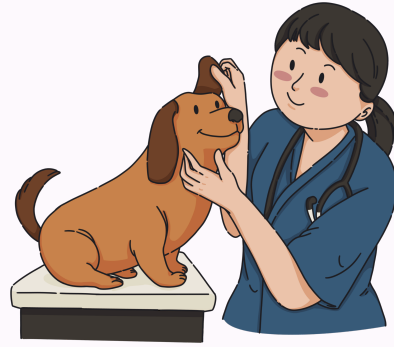
Doctor Signature



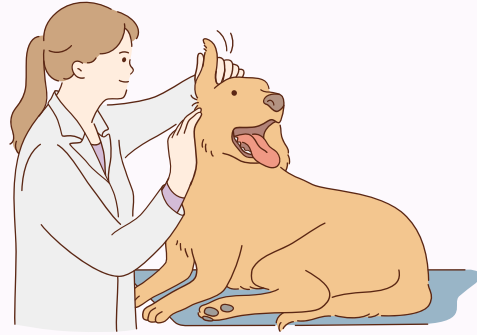
Vet Checklist

Check item during Examination

EYES



EARS



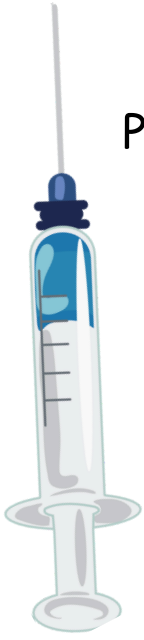
HEART



MOUTH



Immunization Card



Patient Name: _____

Vaccination:

Date:

Immunization Card



Patient Name: _____

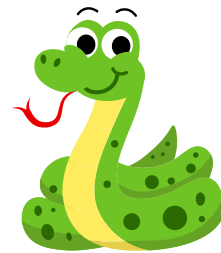
Vaccination:

Date:

PET CHECK UP

Pet's Name:

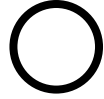
type of pet:



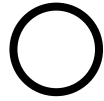
CHECK:



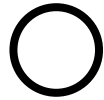
EYES



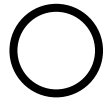
EARS



GILLS



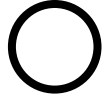
MOUTH



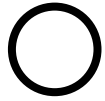
TAIL



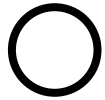
FUR



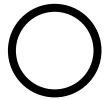
PAWS



WINGS

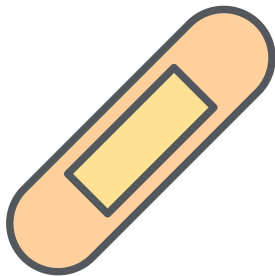
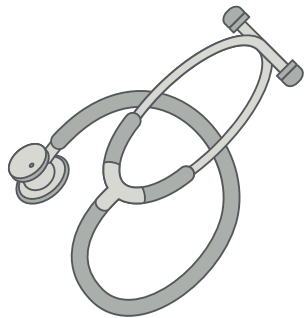


BEAK



SCALES

TEST & TREATMENT



Hi, Im



[Blank white box for name]



THE VETERINARIAN

Hi, Im



[Blank white box for name]



THE RECEPTIONIST

Hi, Im



[Blank white box for name]



THE PET OWNER

