

Companion Animal

CLIENT INFORMATION SHEET

Client Information

Name:	
Address:	
Address 2:	
Residence Phone:	
Business/ Workplace Phone:	
Cell Phone:	Email: Transmission of confidential information? Y / N

Alternate Contact

Name:	
Address:	
Residence Phone:	
Business/ Workplace Phone:	
Cell Phone:	
Consent to act as Client's Agent:	Y / N
Client's Signature:	

CLIENT REGISTRATION FORM

Client Name:	
Address:	
Residence Phone:	Business Phone:
E-mail:	Cell phone:
Emergency Contact Name:	Emergency contact phone(s):
Emergency Contact Address:	

Patient Information

Name:		
Dog:	Cat:	Other:
Breed:	Colour:	
Birth Date:	Sex:	M F
Tattoo:	Microchip:	
Markings:	Altered:	
Previous Veterinarian:		
Confirmation to request files: Y/N		
Last treatments:		
Any known drug allergies:		
Prior illness/surgery:		
Medications:		
Diet restrictions/supplements:		
Reason for initial visit:		

_____ **DVM** **Date:** _____

EXAMINATION TEMPLATE

Client: _____ Animal ID: _____ Date: _____ Time: _____

SPECIAL NOTES:

Presenting Complaint:

Frequency & Duration: _____

Previous treatment for problem: _____

Response to treatment: _____

SUBJECTIVE FINDINGS:

Appetite: Nrm ___
Abn ___ N/A ___

Drinking: Nrm ___
Abn ___ N/A ___

Coughing: Yes ___ No ___
Occ ___

Sneezing: Yes ___ No ___
Occ ___

Attitude: Nrm ___
Abn ___ N/A ___

Vomiting: Yes ___ No ___
Occ ___

Bowels: Nrm ___
Abn ___ N/A ___

Urination: Nrm ___
Abn ___ N/A ___

Notes: _____

OBJECTIVE FINDINGS:

TEMP _____	HR _____	RR _____	MM _____	CRT _____	Wt _____
1. Abdomen/Palpation: Nrm ___ Abn ___ N/E ___	4. Heart: Nrm ___ Abn ___ N/E ___	7. Musculoskeletal: Nrm ___ Abn ___ N/E ___	10. Respiratory: Nrm ___ Abn ___ N/E ___		
2. Ears: L / R Nrm ___ Abn ___ N/E ___	5. Integument: Nrm ___ Abn ___ N/E ___	8. Neurological: Nrm ___ Abn ___ N/E ___	11. Urogenital: Nrm ___ Abn ___ N/E ___		
3. Eyes: L / R Nrm ___ Abn ___ N/E ___	6. Lymphatic: Nrm ___ Abn ___ N/E ___	9. Oral Cavity: Nrm ___ Abn ___ N/E ___	12. Body condition Score:		

Notes: _____

HISTORY (animal health and record of vaccinations):

ASSESSMENT/ DX: _____

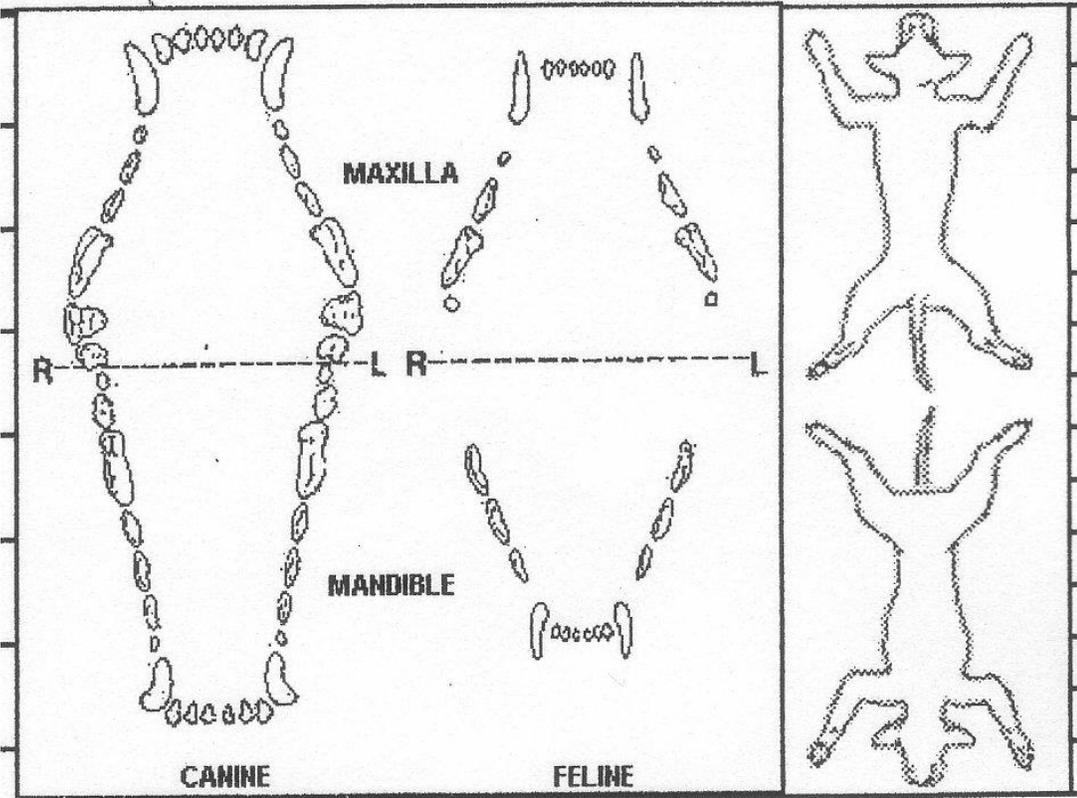
PLANS/TREATMENT: _____

RECOMMENDATIONS/INSTRUCTION TO OWNER: _____

DVM _____

Date _____

EYE / DENTAL / DERMATOLOGICAL TEMPLATE



DATE: _____

CLIENT: _____

ANIMAL ID: _____

	OD (RIGHT)	OS (LEFT)
MENACE		
PALPEBRAL		
PLR DIRECT		
PLR CONS.		
STT		
FLUORESCEIN		
DISCHARGE		
IOP		

OD

OS



CANINE GENERAL PHYSICAL EXAMINATION PROTOCOL

Obtain the animal's weight and assess the following:

Head:

- The dog's head is visually assessed for symmetry, ocular lesions or discharges, skin lesions, nasal deformities or discharges and deformities or discharges relating to the mouth.
- The pinnae are manipulated for facilitating gross visualization of the internal surface and the external auditory canal. Otoscopic exam is only performed where there is evidence of debris in the auditory ear canal or the client has described symptoms suggesting an otoscopic exam is necessary (i.e. scratching, shaking, odour, head tilt).
- Eyes are not examined with an ophthalmoscope unless symptoms or history dictate that it is necessary. Eyes are assessed for colour, position, and visible lesions only. The pupillary light reflex is only assessed when gross examination findings or history suggest the possibility of visual impairment.
- The lip is lifted on each side to visualize the dentition and gum colour. Capillary refill time is assessed by applying digital pressure to the gum surface dorsal to one of the maxillary canine teeth. The lips are digitally retracted to assess the labial surfaces of molars and pre-molars unless the patient is sufficiently aggressive to put the examiner at risk of being bitten. Where safety permits, the mouth is opened for visual assessment of the tongue, palate, and mesial surfaces of all teeth. The mouth is inspected for the presence of foreign bodies, decaying teeth, tartar accumulation, and odours. The tongue is not routinely retracted or depressed unless the history or other findings suggest this is necessary.

Neck, Chest, Abdomen:

- The neck is visually assessed and palpated only. It is not routinely manipulated unless history or other signs suggest this is necessary. The neck is assessed for skin lesions including growths, swellings, or injuries. The coat is assessed for texture and signs of abnormal hair loss. The vertebrae are assessed for any irregularities in shape.
- The chest is assessed visually and palpated for skin lesions including growths, swellings or injuries, irregularities of the ribs and vertebrae including abnormalities in shape, and the coat is assessed for texture and signs of abnormal hair loss. The chest is auscultated on both sides with a stethoscope. The heart is assessed for rate, rhythm and the presence of murmurs which, if present are graded on a scale of 1 to 6. The lungs are assessed for respiratory rate (unless panting) and signs of wheezing, crackles, or other stertour.

- **The abdomen is visually assessed and palpated including an attempt to perform a deep palpation of the dog's internal organs unless the patient is overly tense, preventing any meaningful palpation. Deep organ palpation includes, where possible, the liver, kidneys, and bladder as well as an attempt to screen for the presence of any abnormal internal masses. The lumbar vertebrae are palpated for irregularities in shape. The skin is assessed for any lesions, growth, swellings or injuries and the coat is assessed for texture, signs of abnormal hair loss and is separated over the lumbar area and tail head to screen for evidence of parasites (fleas).**

Tail and Legs:

- **The tail and legs are visually assessed and palpated for evidence of skin lesions including growths, swellings or injuries, irregularities in shape of the bones and vertebrae, and the coat is assessed for texture and signs of abnormal hair loss. Individual limbs are not assessed further unless the history or other clinical signs suggest a need to do so. Further assessment of the limbs might include, where necessary, manipulation of joints to screen for crepitus or pain, neurological placement tests, assessment for luxating patella or assessment for anterior drawer of the stifle.**
- **The examination concludes with dorsal manipulation of the tail for insertion of a rectal thermometer and measurement of core body temperature. Digital rectal exam is not routinely performed unless the history or other clinical signs suggest a need to do so. If performed, a digital rectal exam is used to assess the rectum for lesions, growths or surface irregularities, prostate in the male for swelling, pain or asymmetry and the anal sacs for impaction. If the anal sacs feel distended and there is a history of clinical signs consistent with anal sac impaction (scooting), they may be digitally expressed at this time with the client's consent.**

SAMPLE ABBREVIATION LIST

Ab	Antibiotics
BAR	Bright, alert and responsive
CNL	Cavitary neck lesion
CRT	Capillary refill time
DDX	Differential diagnoses
FX	Fracture
FUO	Fever of unknown origin
GPE	General Physical Examination
HAC	Hyperadrenocorticism
HBC	Hit by car
INB	If no better
INI	If no improvement
LMOM	Left message on machine
NAF	No abnormal findings
NSF	No significant findings
O	Owner
QAR	Quiet alert responsive
R/o	Rule out
RX	Prescription
SID	1 time daily
BID	2 times daily
TID	3 times daily
SX	Surgery
TC	Telephone call
TDX	Tentative diagnoses
TX	Treatment
WCB	Will call back
WNL	Within normal limits

IN-HOUSE LABORATORY TRACKING LOG

Client	Animal ID	Species	Test (s)	Dr.	Date Requested	Date Completed	Init	Client Advised

Notes: _____

DISCHARGE SUMMARY SHEET

Animal ID:	Client:
Diagnosis:	
Treatment / Tests:	
Medications:	
Exercise:	
Dietary Directions:	
Recheck Date:	
Doctor:	
Additional Instructions:	

_____, DVM

Date _____

SURGICAL PROTOCOLS

Canine Castration

Utilized by: Dr. _____

Dates Utilized: i.e. 2003-present _____

Reference:

Journal / Text: _____

Title: _____

Pages: _____

Method:

After anaesthetic induction the dog is placed in dorsal recumbency and the area just cranial to the scrotum is carefully clipped using a 40 blade. The area is scrubbed using [insert name] scrub and then prepped for surgery using [*insert name*].

The dog is carried into the surgery room and placed in dorsal recumbency on the surgery table.

The open technique from the reference is used. There is a variation in the closure; the subcutaneous tissue is closed with [*insert name*] in a simple continuous pattern. The skin is closed with [*insert name*] in a continuous subcuticular suture pattern.

Any variations to the above format will be recorded in the patient's medical records.

Ovariohysterectomy – routine immature cat

Utilized by: Dr. _____

Dates Utilized: i.e. 2003-present

Reference:

Journal / Text: _____

Title: _____

Pages: _____

Method:

The cat is anaesthetized and the bladder manually expressed of any urine. The ventral abdomen is clipped and surgically prepped 3 times with [*insert name*] scrubs, alcohol and a final [*insert name*] swabbing. A ventral midline skin incision is made with a #10 scalpel blade starting approximately 3 cm caudal to the umbilicus and extending caudally 3-4 cm. The subcutaneous tissues are incised and separated from the external fascia. The linea alba is incised with scissors after an initial nick with a #10 scalpel blade. The right uterine horn is retrieved with the spay hook and with gentle tension the right ovary is held while the suspensory ligament is stretched and/or broken. A triple clamp technique is used on the ovarian pedicle and a ligature of [*insert name*] is placed. The procedure is repeated with the left ovary. The uterine body is exteriorized with the broad ligament broken. A [*insert name*] ligature is placed on the uterine body just above the cervix. All pedicles including the uterine stump are held with Adson forceps to check for bleeding prior to releasing them into the abdomen. The linea alba is closed with [*insert name*] in a simple interrupted pattern. The subcutaneous tissues are closed with [*insert name*] in a similar continuous pattern. Skin closure is by means of a simple interrupted pattern using [*insert name*].

Ovariohysterectomy – routine mature cat

Utilized by: Dr. _____

Dates Utilized: i.e. 2003-present

Reference:

Journal / Text: _____

Title: _____

Pages: _____

Method:

The procedure is identical to that described for the immature cat except that ovarian pedicles may be double ligated and the uterine vessels may be ligated separately if prominent. The abdominal closure is described above.

Ovariohysterectomy – routine immature dog

Utilized by: Dr. _____

Dates Utilized: i.e. 2003-present

Reference:

Journal / Text: _____

Title: _____

Pages: _____

Method:

The dog is anaesthetized and prepped as described for the immature cat. A ventral midline incision is made with a #10 scalpel blade starting approximately 1 cm caudal to the umbilicus and extending caudally approximately 4-8 cm depending on the size of the dog. The subcutaneous tissues are incised with the scalpel and elevated off the external fascia by means of blunt dissection. A nick incision is made in the linea alba while it is held elevated. The incision in the linea alba is extended with Mayo scissors. The ovarian pedicles are exteriorized and ligated in the manner previously described for the immature cat. The pedicles are ligated with [*insert name*]. The pedicles are inspected for bleeding prior to release into the abdomen. The uterine body is exteriorized as previously described and ligated with a suture of [*insert name*]. The linea alba is closed with a simple interrupted suture pattern using [*insert name*] for dogs weighing less than 5 kg and [*insert name*] for dogs greater than 5 kg in weight. The subcutaneous tissues are closed with a simple continuous pattern using [*insert name*] for dogs weighing less than 5 kg and [*insert name*] for dogs weighing more than 5 kg. The skin is closed with an interrupted pattern using [*insert name*] sutures.

SAMPLE TEMPLATE for an INFORMED OWNER CONSENT

Owner / Owner's Agent: _____
Contact Telephone Number(s): _____ or _____
Alternate Contact Person: _____ Alternate's Phone #: _____
Animal/Herd/Flock ID: _____ Animal Name: _____
Species: _____ Sex: M F
Breed: _____ Colour: _____

I, the undersigned, being 18 years of age or older, am the owner or agent of the owner of the animal(s) described above and am authorized to make decisions regarding its case.

I hereby acknowledge that my veterinarian, Dr. _____, or his/her representative, _____ has advised me of and explained the following (check off as each one is discussed):

- The presenting complaint(s) / tentative or final diagnosis of my animal(s).
- The general nature of the following proposed treatment/procedure(s):

- The expected benefits of the above.
- The reasonable risks or dangers and side effects of the above.
- Reasonable alternative courses of action available, and risks/benefits of each.
- Consequences if the treatment/procedure is not performed.
- That auxiliaries or other veterinarians may be providing some of the treatment and care of the animal(s).
- Cost of the treatment/procedure.

Further, in the event that I am unavailable, I give permission to discuss financial and medical aspects of this case with:

(Name: _____ Number(s): _____)

I understand that there can be no guarantee as to the animal's condition or reaction to or the outcome of any procedure/treatment undertaken. My questions have been answered, I have read or had explained to me and fully understand the information on this form, and declare that I understand and voluntarily consent to the recommended treatment/procedures.

Signed: _____ Date: _____

Signature of Owner/ Owner's Agent

 Signature of Veterinarian/ Representative

Date: _____

SURGERY / ANAESTHETIC LOG

DATE	CLIENT/ ANIMAL ID	BREED	AGE/ GENDER/ WEIGHT	PROCEDURE	CONDITION		ANAESTHETIC REGIMES Pre/Induction/Main			Other	TIME (min.)		DR's INIT.
					Pre- op C1-4	Post- op P1-4	Pre-Anaesthetic Name/Dose/Route	Induction Anaesthetic Name/Dose/Route	Maintenance Anaes. Name/Dose.Route		Anaes	Surg	

Drug Code:

Condition Code:

- C1 = Healthy
- C2 = Mild Disease (e.g. Otitis)
- C3 = Severe Disease but basically healthy (e.g. pyometra, uremia)
- C4 = Anaesthetic and Surgery Risk (severe underlying disease)

Post-Op Code:

- P1 = Normal Recovery
- P2 = Vocalization, Excitement, Paddling
- P3 = Extreme Vocalization, Convulsion, Vomiting
- P4 = Cardiac Respiratory Arrest or Died on Table

SURGERY / ANAESTHETIC MONITORING SHEETS

Date:												
Client:						Animal ID:						
Species:			Breed:			Age:			Weight:			
Procedure:												
Surgeon:						Assistant:						
Pre-Anaesthetic Agent:				Dose:				Route:				
Induction Agent:				Dose:				Route:				
Pre-Op Status:						Post-Op Status:						
E.T.T. Size:												
Minutes												
	0	10	20	30	40	50	60	70	80	90	100	110
L/min Oxygen												
[insert name] %												
[insert name] %												
R.P.M												
Heart Rate P.M.												
Comments:												
Start Incision:				Begin Close:				Anaesthetic Off:				
Patient Status:												
Pre-Op: C1 = healthy C2 = mild disease/old C3 = severe disease but basically healthy C4 = anaesthetic/surgery risk						Post-Op P1 = normal recovery P2 = more vocalization then normal, excessive paddling P3 = extreme vocalization, convulsions, vomiting P4 = cardiac/respiratory arrest						

_____, DVM

Date _____

RECORD of EXAMINATION

Client: _____ Animal ID: _____ Date: _____ Time: _____

SPECIAL NOTES:

SUBJECTIVE FINDINGS:

Presenting Complaint:

Frequency & Duration: _____

Previous treatment for problem: _____

Response to treatment: _____

Appetite: Nrm ___
Abn ___ N/A ___

Drinking: Nrm ___
Abn ___ N/A ___

Coughing: Yes ___ No ___
Occ ___

Sneezing: Yes ___ No ___
Occ ___

Attitude: Nrm ___
Abn ___ N/A ___

Vomiting: Yes ___ No ___
Occ ___

Bowels: Nrm ___
Abn ___ N/A ___

Urination: Nrm ___
Abn ___ N/A ___

Notes: _____

History (animal health and record of vaccinations):

OBJECTIVE FINDINGS:

TEMP _____	HR _____	RR _____	MM _____	CRT _____	Wt _____
1. Abdomen/Palpation: Nrm ___ Abn ___ N/E ___	4. Heart: Nrm ___ Abn ___ N/E ___	7. Musculoskeletal: Nrm ___ Abn ___ N/E ___	10. Respiratory: Nrm ___ Abn ___ N/E ___		
2. Ears: L / R Nrm ___ Abn ___ N/E ___	5. Integument: Nrm ___ Abn ___ N/E ___	8. Neurological: Nrm ___ Abn ___ N/E ___	11. Urogenital: Nrm ___ Abn ___ N/E ___		
3. Eyes: L / R Nrm ___ Abn ___ N/E ___	6. Lymphatic: Nrm ___ Abn ___ N/E ___	9. Oral Cavity: Nrm ___ Abn ___ N/E ___	12. Body condition Score:		

Notes re: objective findings:

ASSESSMENT/DX:

PLANS/TREATMENT:

RECOMMENDATIONS/INSTRUCTION TO OWNER:

DVM _____

Date _____