

# West Virginia Board of Veterinary Medicine



## Guidelines and Recommendations for Medical Record Keeping for The Small Animal Practitioner

September 2023

# GUIDELINES

This booklet contains recommendations made by the West Virginia Board of Veterinary Medicine “Board” for medical records. These recommendations are based on the type of information that the Board looks for and needs while reviewing complaint cases. **Since the majority of complaint cases involve small animals, this booklet is mainly designed for small animal practitioners.**

This booklet also includes some examples of medical records, surgical records, and anesthesia monitoring forms. You are **not** required to use these forms. You can create or purchase your own forms.

### Recommendations to avoid confusion

- **Accuracy.** The Board recommends that the more you examine and document your cases the more accurate your diagnosis will be and you will be less likely to miss a problem.
- **No Physical Examination.** Should a physical examination not be performed, the Board recommends that a notation be made as to why. For example, the pet was too aggressive, or the pet was muzzled.
- **Normal/Abnormal.** Make sure your exam notes match your exam findings and are not just automatically filled in with "Normal" for each category. For example: The Heart finding was pre-filled as normal and a heart murmur was detected. If the exam category is automatically or intentionally filled in with the word "Normal", we will assume that you did examine that category and that it was normal, as you stated in your record.
- **Images.** All images should be retained for the same length of time as a medical record, 3 years beyond the last patient visit. The Board recommends any pictures taken of an animal are downloaded into the patient’s file. For example, images of wound progress, skin lesions, before and after treatment.
- **\*Trailing and Leading Zeros.** Medication errors are also caused by using trailing zeros and not using leading zeros when writing out doses. FDA has received adverse drug event reports involving tenfold drug overdoses occurring in people due to a written prescription either using a trailing zero or not using a leading zero. Similar errors in animals could occur.

For example, a “5 mg” dose written with the trailing zero as “5.0 mg” can be misread as “50 mg,” resulting in a tenfold overdose. Similarly, a “0.5 mg” dose written without the leading zero as “.5 mg” can easily be mistaken for “5 mg,” also resulting in a tenfold overdose.

These types of medication errors occur with prescriptions written for both commercially prepared drug products as well as compounded drug products.

\* <https://www.fda.gov/animal-veterinary/resources-you/microgram-prevention-worth-milligram-cure-preventing-medication-errors-animals>

### Sources for some of the recommendations:

- FDA.gov
- AVMA.org
- VIN.Com (Veterinary Information Network)
- American Animal Hospital Association-Standards-Medical Records.

## Examinations

Annual Examination - A complete physical examination should be thorough using a consistent method every time. Perform a complete exam regardless of the presenting complaint.

Brief Examination - A full examination has been done within several months and the pet has presented with a new problem. Enough of an exam should be performed to determine the problem.

Examination for Immunization - A complete physical examination should be thorough using a consistent method every time. Immunization visits with a current VCPR can be done under general supervision of a WV licensed veterinarian with an examination to determine if the animal is healthy enough to receive a vaccine.

Medical Progress or Recheck Examination - A medical progress or recheck exam is meant to determine whether a previously diagnosed problem is being resolved or has been resolved. Generally used if the pet has been seen within a reasonable length of time after the initial examination. Enough of an exam should be performed to determine the problem.

Spay/Neuter Clinics - A complete physical examination should be thorough using a consistent method every time.

Sick/Injury - A complete physical examination should be thorough using a consistent method every time. Perform a complete exam regardless of the presenting complaint.

### **The Following Applies to Rabies Vaccines ONLY.**

**The Administration of a Rabies Vaccine** (in a Veterinary facility or public location such as a Rabies clinic). A brief examination should be done to determine if the animal is healthy enough to receive a vaccine along with a required Rabies only visit waiver (see waiver template under "Exam Templates"). If you are unable to examine a patient due to its demeanor, that should be documented. A record of the examination, the waiver and vaccine information must be maintained and kept for 3 years beyond the last patient visit.

## Medical Records

- The practice maintains records in such a way that any veterinarian may be able to proceed with the continuity of care and treatment of that patient.
- Medical records are retained for the length of time necessary to serve as resources for patient care, legal requirements, research, and educational tools. In West Virginia, that length of time is 3 years beyond the last patient visit.
- Medical records are legible.
- The author of medical record entries is permanently and uniquely identified in a manner that is understood by anyone examining such records. For example: code, initials, or signatures
- Standard abbreviations may be used when appropriate. The Board recommends sources such as AVMA, AAHA, or a veterinary medical dictionary. If using a non-standard abbreviation, it is recommended that you have a written description.
- The practice uses a consistent system of medical record keeping.
- The medical record filing system allows for immediate retrieval.
- A consistent patient identification method (patient name and/or identification number) is used on records throughout the practice.
- Except for herd or juvenile offspring, each patient has a separate medical record. However, the medical record of juvenile offspring can be kept in the parent's record until they are permanently placed or reach the age of three months.
- Client information accurately reflected in the medical record includes:
  - ✓ Name of owner(s)
  - ✓ Address
  - ✓ Telephone number
- The following information is reflected in each patient's medical record:
  - ✓ Name
  - ✓ ID number (if applicable)
  - ✓ Species
  - ✓ Breed (if applicable)
  - ✓ Date of birth or age
  - ✓ Sex and sex status (such as spayed or neutered)
  - ✓ Color and/or markings
  - ✓ Microchip number or tattoo (if applicable)
  - ✓ Patient's weight on each visit
- During immunization visits, clients are presented with the following:
  - ✓ A list of immunizations indicating which biologicals were administered and the dates of administration.
  - ✓ A schedule for future immunizations
  - ✓ Vaccine Name/Type
  - ✓ Location on the patient where the vaccine was administered.
  - ✓ Route given (sq, PO, etc.)
  - ✓ Duration of immunization (example: rabies -1 year or 3 years)

Medical records clearly reflect the following:

- Date(s)
- Presenting complaint(s)
- Pertinent history
- An examination (see types of examinations)
- Problems
- Tentative diagnoses or rule outs
- Definitive diagnoses, when made
- Therapeutic plans
- Diagnostic plans
- Medications administered and dispensed. These should be written in a manner that indicates the medication, strength, dose, and route of administration.
- Any changes in therapy with notations if the change was made in person or another form of communication such as text or telephone.
- Client communication, including but not limited to unsuccessful attempts to reach the client, means of contact such as by telephone or email, who was contacted, and what was conveyed to and from the client.
- Prognosis
- Discharge instructions. This should also include plans, rechecks, etc.
- Client waivers or deferral of recommended care.
- Consultations with the referring veterinarian, other receiving veterinarians, specialists, or any veterinarians evaluating or treating the patient, including the veterinarian(s), name(s), date(s), recommendation(s), and any pertinent data from that consultation.
- Procedures performed in chronological order (if possible). At minimum, there needs to be a date and timeline for each event.
- An accurate description of any procedure(s), including duration and identity of the surgeon, staff involved, materials, and methods
- An Accurate description of anesthesia, including time/duration and identity of all staff involved.
- Monitoring of anesthesia. Including during surgery and upon recovery of the animal until it is responsive and recovered from anesthesia.
- Reports and assessments of diagnostic procedures, such as laboratory tests, electrocardiography, imaging, and cytology evaluations.
- Signed consent forms.
- Signed treatment plan and associated fees/estimate.
- Content or reports from professional consultations pertinent to the patient's care, such as computer discussion forums, poison control, drug company technical support, veterinarians who have previously rendered care to the given patient, rounds discussions with other veterinarians, etc.

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# EXAM TEMPLATES

**WV BOARD OF VETERINARY MEDICINE RECOMMENDED  
RABIES VACCINE EXAM VISIT WAIVER TEMPLATE**

I, client, understand this is a Rabies only vaccine visit. **The purpose of this visit is to protect the public and animal health from Rabies.** I understand my pet will only be provided with a brief visual exam to verify that my pet is healthy enough to receive the Rabies vaccine. Some diseases and conditions will not be detected with this type of exam, slightly increasing the chance of an unexpected result from the vaccine. I understand the purpose and accept the risk of getting my pet vaccinated in this type of setting.

Rabies Vaccine Given: \_\_\_\_\_ 1 Year \_\_\_\_\_ 3 Year

Patient Name: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Client Provided Medical History: \_\_\_\_\_ Yes \_\_\_\_\_ No

Client Provided Immunization Records: \_\_\_\_\_ Yes \_\_\_\_\_ No

Please contact the veterinary facility of your choice should your pet have an adverse reaction to the Rabies vaccination.

**Method of emergency care:** (Insert what method was provided to the client should the patient require emergency care when the veterinarian is not available)

**§26-4-3.9.** The professional services of a veterinarian shall not be controlled or exploited by any lay agency, personal or corporate, which intervenes between the client and the veterinarian. A veterinarian shall avoid all relationships which could result in interference or intervention in the veterinarian's practice by any person or entity. A veterinarian is responsible for his or her own actions and is directly responsible to the client and for the proper care and treatment of the patient. ***This is to include information on how clients may receive emergency care when the veterinarian is not available.***

**§26-4-5.6.e.** The veterinarian shall provide a method for the client to obtain emergency advice pertaining to surgical and post treatment problems after the animal is released to the owner or agent following the completion of the surgery or treatment;

Client Signature: \_\_\_\_\_

Date : \_\_\_\_\_

August 1, 2023



The following pages are some examples of medical records and monitoring records. You are not required to use these forms. You can create or purchase your own forms.

EXAMPLES OF COMMERCIALLY AVAILABLE EXAMINATION STICKERS

The Board recommends that if an abnormal is marked on a sticker a detailed notation should be made regarding the abnormal finding.

PHYSICAL EXAM Name: _____			
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
<b>13</b>	Describe Abnormal using the numbers above: T _____ P _____ R _____ WL _____		
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Scale <input type="checkbox"/> Est		

\*Staples.com

PHYSICAL EXAM CHECKLIST			
1) GENERAL APPEARANCE <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	2) INTEGUMENTARY <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	3) MUSCULOSKELETAL <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	
4) RESPIRATORY <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	5) DIGESTIVE <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	6) GENITOURINARY <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	
7) EARS <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	8) NEURAL SYSTEMS <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	9) LYMPH NODES <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	
10) EYES <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	11) CIRCULATORY <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	12) MUCOUS MEMBRANES <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	
T _____	P _____	R _____	WL _____

\*Staples.com

PHYSICAL EXAM NAME: _____			
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No Exam	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No Exam	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No Exam	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No Exam
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<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No Exam	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No Exam	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No Exam	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No Exam
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<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No Exam	Describe Abnormal using the numbers above: T _____ P _____ R _____ WL _____		
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No Exam	<input type="checkbox"/> SCALE <input type="checkbox"/> EST.		

\*SmartPractice.com


# EXAMPLE of Feline Examination

## FELINE PET EXAMINATION RECORD

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Neutered/Intact: \_\_\_\_\_ DOB: \_\_\_\_\_

Microchip #: \_\_\_\_\_ KCHA #: \_\_\_\_\_

<p><b>COAT and SKIN</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Appear Normal</li> <li><input type="radio"/> Pet Dehydrated</li> <li><input type="radio"/> Hot Spot/Wound</li> <li><input type="radio"/> Fleas/Ticks/Lice/Mites</li> <li><input type="radio"/> Mass/Cyst</li> <li><input type="radio"/> Dermatitis</li> <li><input type="radio"/> Alopecia</li> <li><input type="radio"/> Abnormal Pigment</li> <li><input type="radio"/> Pruritis</li> <li><input type="radio"/> Other</li> </ul> <div style="text-align: center; border: 1px solid black; width: 100px; height: 100px; margin: 10px auto;">  </div> <p><b>EYES</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Appear Normal</li> <li><input type="radio"/> Discharge L____R____</li> <li><input type="radio"/> Inflamed L____R____</li> <li><input type="radio"/> Ulcer L____R____</li> <li><input type="radio"/> Eyelid Abnormality</li> <li><input type="radio"/> Lenticular Sclerosis</li> <li><input type="radio"/> Other</li> </ul> <p><b>EARS</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Appear Normal</li> <li><input type="radio"/> Wax/Dirt/Blood noted</li> <li><input type="radio"/> Mites</li> <li><input type="radio"/> Hematoma</li> <li><input type="radio"/> Inflamed L____R____</li> <li><input type="radio"/> Infected L____R____</li> <li><input type="radio"/> Mass</li> <li><input type="radio"/> Excessive Hair</li> <li><input type="radio"/> Other</li> </ul>	<p><b>MOUTH, TEETH, and GUMS</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Appear Normal</li> <li><input type="radio"/> Tartar (Mild, Mod., Severe)</li> <li><input type="radio"/> Periodontal disease</li> <li><input type="radio"/> Ulcers/Mass</li> <li><input type="radio"/> Gingivitis</li> <li><input type="radio"/> Pale/Icteric/Injected MM</li> <li><input type="radio"/> Mobile Teeth</li> <li><input type="radio"/> Other</li> </ul> <p><b>MUSCULOSKELETAL SYSTEM</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Appear Normal</li> <li><input type="radio"/> Joint/Ligament abnormality</li> <li><input type="radio"/> Muscle Loss</li> <li><input type="radio"/> Lameness LF LR RF RR</li> <li><input type="radio"/> Other</li> </ul> <p><b>CARDIOVASCULAR</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Appear Normal</li> <li><input type="radio"/> Murmur Grade: _____</li> <li><input type="radio"/> Arrhythmia</li> <li><input type="radio"/> Other</li> </ul> <p><b>ABDOMEN</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Appears Normal</li> <li><input type="radio"/> Tense/Painful</li> <li><input type="radio"/> Mass</li> <li><input type="radio"/> Fluid</li> <li><input type="radio"/> Other</li> </ul> <p><b>RESPIRATORY</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Appear Normal</li> <li><input type="radio"/> Coughing Noted</li> <li><input type="radio"/> Dyspnea</li> <li><input type="radio"/> Tachypnea</li> <li><input type="radio"/> Other</li> </ul> <p><b>GASTROINTESTINAL SYSTEM</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Appears Normal</li> <li><input type="radio"/> Vomiting/Diarrhea</li> <li><input type="radio"/> Parasites</li> <li><input type="radio"/> Inappetence</li> <li><input type="radio"/> Other</li> </ul> <p><b>NERVOUS SYSTEM</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Appears normal</li> <li><input type="radio"/> Abnormal</li> </ul>	<p><b>UROGENITAL SYSTEM</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Appears Normal</li> <li><input type="radio"/> Anal Glands</li> <li><input type="radio"/> Mammary Mass</li> <li><input type="radio"/> Vulvar Discharge</li> <li><input type="radio"/> Testicular Abnormality</li> <li><input type="radio"/> Recommend Spay/Neuter</li> <li><input type="radio"/> Other</li> </ul> <p><b>NOSE and THROAT</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Appear Normal</li> <li><input type="radio"/> Nasal Discharge</li> <li><input type="radio"/> Thyroid Abnormal</li> <li><input type="radio"/> Enlarged Lymph Nodes</li> <li><input type="radio"/> Inflamed Throat/Tonsils</li> <li><input type="radio"/> Other</li> </ul> <p><b>FELINES: SNAP Triple Testing</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Heartworm Positive/Negative</li> <li><input type="radio"/> Leukemia Positive/Negative</li> <li><input type="radio"/> FIV Positive/Negative</li> <li><input type="radio"/> Test Recommended</li> </ul> <p><b>INTESTINAL PARASITES</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Results: _____</li> <li><input type="radio"/> Fecal testing recommended</li> </ul> <p><b>WEIGHT</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> _____</li> <li><input type="radio"/> Body score (1-9) _____</li> </ul> <p><b>TEMP:</b> _____</p> <p><b>HR:</b> _____</p> <p><b>RR:</b> _____</p> <p><b>MM:</b> _____</p> <p><b>CRT:</b> 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**Findings/Recommendations:**

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# EXAMPLE of Canine Examination

## CANINE PHYSICAL EXAMINATION RECORD

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_ Pet Name: \_\_\_\_\_  
 Breed: \_\_\_\_\_ Neutered/Intact: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Microchip # \_\_\_\_\_ KCHA # \_\_\_\_\_

<p><b>COAT and SKIN</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Appear Normal</li> <li><input type="radio"/> Pet Dehydrated</li> <li><input type="radio"/> Hot Spot/Wound</li> <li><input type="radio"/> Fleas/Ticks/Lice/Mites</li> <li><input type="radio"/> Mass/Cyst</li> <li><input type="radio"/> Dermatitis</li> <li><input type="radio"/> Alopecia</li> <li><input type="radio"/> Abnormal Pigment</li> <li><input type="radio"/> Pruritis</li> <li><input type="radio"/> Other</li> </ul> <div style="text-align: center; border: 1px solid black; width: 100px; height: 100px; margin: 10px auto;">  </div> <p><b>EYES</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Appear Normal</li> <li><input type="radio"/> Discharge L____R____</li> <li><input type="radio"/> Inflamed L____R____</li> <li><input type="radio"/> Ulcer L____R____</li> <li><input type="radio"/> Eyelid Abnormality</li> <li><input type="radio"/> Lenticular Sclerosis</li> <li><input type="radio"/> Other</li> </ul> <p><b>EARS</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Appear Normal</li> <li><input type="radio"/> Wax/Dirt/Blood noted</li> <li><input type="radio"/> Mites</li> <li><input type="radio"/> Hematoma</li> <li><input type="radio"/> Inflamed L____R____</li> <li><input type="radio"/> Infected L____R____</li> <li><input type="radio"/> Mass</li> <li><input type="radio"/> Excessive Hair</li> <li><input type="radio"/> Other</li> </ul>	<p><b>MOUTH, TEETH, and GUMS</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Appear Normal</li> <li><input type="radio"/> Tartar (Mild, Mod., Severe)</li> <li><input type="radio"/> Periodontal disease</li> <li><input type="radio"/> Ulcers/Mass</li> <li><input type="radio"/> Gingivitis</li> <li><input type="radio"/> Pale/Icteric/Injected MM</li> <li><input type="radio"/> Mobile Teeth</li> <li><input type="radio"/> Other</li> </ul> <p><b>MUSCULOSKELETAL SYSTEM</b></p> <ul style="list-style-type: none"> 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<li><input type="radio"/> Nasal Discharge</li> <li><input type="radio"/> Thyroid Abnormal</li> <li><input type="radio"/> Enlarged Lymph Nodes</li> <li><input type="radio"/> Inflamed Throat/Tonsils</li> <li><input type="radio"/> Other</li> </ul> <p><b>CANINES: 4dx Testing</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Heartworm Positive/Negative</li> <li><input type="radio"/> Lyme Positive/Negative</li> <li><input type="radio"/> Ehrlichia Positive/Negative</li> <li><input type="radio"/> Anaplasmosis Positive/Negative</li> <li><input type="radio"/> Test Recommended</li> </ul> <p><b>INTESTINAL PARASITES</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Results _____</li> <li><input type="radio"/> Fecal testing recommended</li> </ul> <p><b>WEIGHT</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> _____</li> <li><input type="radio"/> Body score (1-9) _____</li> </ul> <p><b>TEMP:</b> _____</p> <p><b>HR:</b> _____</p> <p><b>RR:</b> _____</p> <p><b>MM:</b> _____</p> <p><b>CRT:</b> _____</p> <p><b>VX Status:</b> _____</p>
<p><b>Findings/Recommendations:</b></p> <hr/> <hr/> <hr/> <hr/>		

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# ANESTHESIA

# EXAMPLE of Pre-Anesthesia Examination and Anesthesia Monitoring - Page 1

Pet Name:		Client Name:	
Client contact #'s:		Acct # ( or KCHA #)	
Species:	Sex:	Wt.	Signalment:
Procedure:		DVM:	
Anesthetic Nurse:		Circulating:	Scrub:

## Surgery Details

Time Sx Started:	Time Pet Extubated:	Rebreathing/Nonrebreathing
Time Sx Completed:	Anesthetic Gas:	ET Tube size:

## Initial Vitals

Temp:	Pulse:	RR:
MM:	CRT:	Mentation:

## Physical Exam:

Eyes: <input type="checkbox"/> Appears Normal <input type="checkbox"/> Abnormal findings: _____ _____ _____	Ears: <input type="checkbox"/> Appears Normal <input type="checkbox"/> Abnormal findings: _____ _____ _____
Mouth, Teeth, and Gums: <input type="checkbox"/> Appears Normal <input type="checkbox"/> Abnormal findings: _____ _____ _____	Nose and Throat: <input type="checkbox"/> Appears Normal <input type="checkbox"/> Abnormal findings: _____ _____ _____
Coat & Skin: <input type="checkbox"/> Appears Normal <input type="checkbox"/> Abnormal findings: _____ _____ _____	Cardiovascular: <input type="checkbox"/> Appears Normal <input type="checkbox"/> Abnormal findings: _____ _____ _____
Lungs: <input type="checkbox"/> Appears Normal <input type="checkbox"/> Abnormal findings: _____ _____ _____	Abdomen: <input type="checkbox"/> Appears Normal <input type="checkbox"/> Abnormal findings: _____ _____ _____
Gastrointestinal System: <input type="checkbox"/> Appears Normal <input type="checkbox"/> Abnormal findings: _____ _____ _____	Urogenital System: <input type="checkbox"/> Appears Normal <input type="checkbox"/> Abnormal findings: _____ _____ _____
Musculoskeletal System: <input type="checkbox"/> Appears Normal <input type="checkbox"/> Abnormal findings: _____ _____ _____	Nervous System: <input type="checkbox"/> Appears Normal <input type="checkbox"/> Abnormal findings: _____ _____ _____



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# SURGERY

## EXAMPLE of Surgical Procedures

Client:		Patient:	
Client ID:	Patient ID:	Date:	
Species:	Breed:	Current WT:	
Sex:	Color:	Date of Birth:	

### CANINE NEUTER--CLOSED TECHNIQUE -- ADULT

Date & Time:

Doctor:

Patient Alerts:

Presurgical Examination:

Mucus Membrane Color: pink pale/white blue/cyanotic Other:

Body Condition Score (Out of 9): 1 2 3 4 5 6 7 8 9

Appearance / Attitude: Normal / BAR Abnormal

Mouth and Teeth: N/E Normal Abnormal

Nose and Throat: N/E Normal Abnormal

Eyes: N/E Normal Abnormal

Ears: N/E Normal Abnormal

Respiratory: N/E Normal Abnormal

Cardiovascular: N/E Normal Abnormal

Abdomen: N/E Normal Abnormal

Skin and Haircoat: N/E Normal Abnormal

Musculoskeletal: N/E Normal Abnormal

Nervous System: N/E Normal Abnormal

Urogenital: N/E Normal Abnormal

Lymph Nodes: N/E Normal Abnormal

Pain Assessment:

Pre-Op Bloodwork:

Pre / General Anesthetics -- Sedative: Gas: ET:

Monitoring Equipment Used (Circle all that Applies): Apnea Monitor ECG Blood Pressure Direct Supervision Other

Length or Duration of Surgery Time:

Pain Medication:

Presurgical Assessment:

(1. Minimal Risk 2. Slight Risk 3. Moderate Risk 4. High Risk 5. Grave Risk)

Anesthetic Emergency Protocol:

1. Get Help / Veterinarian
2. Establish Airway / Breathing / Circulation
3. IV Catheter / Fluids
4. TPR
5. Emergency Crash Kit - Follow the dosing chart based on weight for Epinephrine/Atropine
6. Follow Veterinarian orders

**Surgery Comments:** Ventral midline prescrotal incision. The gubernaculum was removed, but the vaginal tunic was left in place. The vessels and cords were crushed and ligated using \_\_\_\_\_ and the testicles were excised. The testicles were both found to be grossly normal. The subcutis were closed using \_\_\_\_\_ in a continuous or simple interrupted pattern. The skin was apposed using \_\_\_\_\_ in a simple interrupted or cruciate pattern. Recovery was unremarkable.

*Post-op laser therapy/ standard protocol / off-contact.*

Vaccines:

Suture Removal:

Treatment / Plan:

Additional Comments:

Staff:

## EXAMPLE of Surgical Procedures



<b>Client:</b>		<b>Patient:</b>	
<b>Client ID:</b>	<b>Patient ID:</b>	<b>Date:</b>	
<b>Species:</b>	<b>Breed:</b>	<b>Current WT:</b>	
<b>Sex:</b>	<b>Color:</b>	<b>Date of Birth:</b>	

Feline Ovariohysterectomy:

**Date & Time:**

**Doctor:**

**Patient Alerts:**

**Presurgical Examination:** Temp:    Pulse:    Respiration:

**Mucus Membrane Color:** pink pale/white blue/cyanotic Other:

**Body Condition Score (Out of 9):**    1    2    3    4    5    6    7    8    9

**Appearance / Attitude:**    Normal / BAR    Abnormal

**Mouth and Teeth:**    N/E    Normal    Abnormal

**Nose and Throat:**    N/E    Normal    Abnormal

**Eyes:**    N/E    Normal    Abnormal

**Ears:**    N/E    Normal    Abnormal

**Respiratory:**    N/E    Normal    Abnormal

**Cardiovascular:**    N/E    Normal    Abnormal

**Abdomen:**    N/E    Normal    Abnormal

**Skin and Haircoat:**    N/E    Normal    Abnormal

**Musculoskeletal:**    N/E    Normal    Abnormal

**Nervous System:**    N/E    Normal    Abnormal

**Urogenital:**    N/E    Normal    Abnormal

**Lymph Nodes:**    N/E    Normal    Abnormal

**Comments:**

**Pain Assessment:**

**Pre-op Bloodwork:**

**Pre / General Anesthetics** -- Sedative:    Gas:    ET:

**Monitoring Equipment Used (Circle all that Applies):**    Apnea Monitor    ECG    Blood Pressure    Direct Supervision    Other

**Length or Duration of Surgery Time:**

**Pain Medication:**

**Presurgical Assessment:**

(1. Minimal Risk 2. Slight Risk 3. Moderate Risk 4. High Risk 5. Grave Risk)

Anesthetic Emergency Protocol:

**Surgery Comments:** Ventral midline incision. Uterus and ovaries were retracted and were visually grossly normal in appearance. The ovarian pedicles were crushed and clamped, then ligated with \_\_\_\_\_ and then transected. The uterus was clamped and ligated with \_\_\_\_\_ and then transected. The muscularis was closed using \_\_\_\_\_. The skin was apposed using \_\_\_\_\_. Recovery was unremarkable.

*Post-op laser therapy/ standard protocol / off-contact.*

Vaccines:

Suture Removal:

Medications:

Treatments / Plans:

Declined Services:

Prognosis and Expected Outcome:

Additional Comments:

Staff