

West Virginia Board of Veterinary Medicine



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

September 2025

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.

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: _____

Has the animal bitten or is a suspect for biting a person in the last 10 days? _____ Yes _____ No

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

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: _____			
General Appearance <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal 1	Integumentary <input type="checkbox"/> Normal <input type="checkbox"/> No Exam 2	Musculo-Skeletal <input type="checkbox"/> Normal <input type="checkbox"/> No Exam 3	Circulatory <input type="checkbox"/> Normal <input type="checkbox"/> No Exam 4
Respiratory <input type="checkbox"/> Normal <input type="checkbox"/> No Exam 5	Digestive <input type="checkbox"/> Normal <input type="checkbox"/> No Exam 6	Genito-Urinary <input type="checkbox"/> Normal <input type="checkbox"/> No Exam 7	Eyes <input type="checkbox"/> Normal <input type="checkbox"/> No Exam 8
Ears <input type="checkbox"/> Normal <input type="checkbox"/> No Exam 9	Neural Systems <input type="checkbox"/> Normal <input type="checkbox"/> No Exam 10	Lymph Nodes <input type="checkbox"/> Normal <input type="checkbox"/> No Exam 11	Mucous Membranes <input type="checkbox"/> Normal <input type="checkbox"/> No Exam 12
Dental <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal 13	Describe Abnormal using the numbers above: T _____ P _____ R _____ WL _____ <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: _____			
General Appearance <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No Exam 1	Integumentary <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No Exam 2	Musculo-Skeletal <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No Exam 3	Circulatory <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No Exam 4
Respiratory <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No Exam 5	Digestive <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No Exam 6	Genito-Urinary <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No Exam 7	Eyes <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No Exam 8
Ears <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No Exam 9	Neural Systems <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No Exam 10	Lymph Nodes <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No Exam 11	Mucous Membranes <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No Exam 12
Dental <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No Exam 13	Describe Abnormal using the numbers above: T _____ P _____ R _____ WL _____ <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 #: _____

COAT and SKIN

- ☐ Appear Normal
- ☐ Pet Dehydrated
- ☐ Hot Spot/Wound
- ☐ Fleas/Ticks/Lice/Mites
- ☐ Mass/Cyst
- ☐ Dermatitis
- ☐ Alopecia
- ☐ Abnormal Pigment
- ☐ Pruritis
- ☐ Other



EYES

- ☐ Appear Normal
- ☐ Discharge L _____ R _____
- ☐ Inflamed L _____ R _____
- ☐ Ulcer L _____ R _____
- ☐ Eyelid Abnormality
- ☐ Lenticular Sclerosis
- ☐ Other

EARS

- ☐ Appear Normal
- ☐ Wax/Dirt/Blood noted
- ☐ Mites
- ☐ Hematoma
- ☐ Inflamed L _____ R _____
- ☐ Infected L _____ R _____
- ☐ Mass
- ☐ Excessive Hair
- ☐ Other

MOUTH, TEETH, and GUMS

- ☐ Appear Normal
- ☐ Tartar (Mild, Mod., Severe)
- ☐ Periodontal disease
- ☐ Ulcers/Mass
- ☐ Gingivitis
- ☐ Pale/Icteric/Injected MM
- ☐ Mobile Teeth
- ☐ Other

MUSCULOSKELETAL SYSTEM

- ☐ Appear Normal
- ☐ Joint/Ligament abnormality
- ☐ Muscle Loss
- ☐ Lameness LF LR RF RR
- ☐ Other

CARDIOVASCULAR

- ☐ Appear Normal
- ☐ Murmur Grade: _____
- ☐ Arrhythmia
- ☐ Other

ABDOMEN

- ☐ Appears Normal
- ☐ Tense/Painful
- ☐ Mass
- ☐ Fluid
- ☐ Other

RESPIRATORY

- ☐ Appear Normal
- ☐ Coughing Noted
- ☐ Dyspnea
- ☐ Tachypnea
- ☐ Other

GASTROINTESTINAL SYSTEM

- ☐ Appears Normal
- ☐ Vomiting/Diarrhea
- ☐ Parasites
- ☐ Inappetence
- ☐ Other

NERVOUS SYSTEM

- ☐ Appears normal
- ☐ Abnormal

UROGENITAL SYSTEM

- ☐ Appears Normal
- ☐ Anal Glands
- ☐ Mammary Mass
- ☐ Vulvar Discharge
- ☐ Testicular Abnormality
- ☐ Recommend Spay/Neuter
- ☐ Other

NOSE and THROAT

- ☐ Appear Normal
- ☐ Nasal Discharge
- ☐ Thyroid Abnormal
- ☐ Enlarged Lymph Nodes
- ☐ Inflamed Throat/Tonsils
- ☐ Other

FELINES: SNAP Triple Testing

- ☐ Heartworm Positive/Negative
- ☐ Leukemia Positive/Negative
- ☐ FIV Positive/Negative
- ☐ Test Recommended

INTESTINAL PARASITES

- ☐ Results: _____
- ☐ Fecal testing recommended

WEIGHT

- ☐ _____
- ☐ Body score (1-9) _____

TEMP: _____

HR: _____

RR: _____

MM: _____

CRT: _____

VX Status: _____

Findings/Recommendations:

EXAMPLE of Canine Examination

CANINE PHYSICAL EXAMINATION RECORD

Owner Name: _____ Date: _____ Pet Name: _____

Breed: _____ Neutered/Intact: _____ DOB: _____

Microchip # _____ KCHA # _____

COAT and SKIN

- ☐ Appear Normal
- ☐ Pet Dehydrated
- ☐ Hot Spot/Wound
- ☐ Fleas/Ticks/Lice/Mites
- ☐ Mass/Cyst
- ☐ Dermatitis
- ☐ Alopecia
- ☐ Abnormal Pigment
- ☐ Pruritis
- ☐ Other



EYES

- ☐ Appear Normal
- ☐ Discharge L____R____
- ☐ Inflamed L____R____
- ☐ Ulcer L____R____
- ☐ Eyelid Abnormality
- ☐ Lenticular Sclerosis
- ☐ Other

EARS

- ☐ Appear Normal
- ☐ Wax/Dirt/Blood noted
- ☐ Mites
- ☐ Hematoma
- ☐ Inflamed L____R____
- ☐ Infected L____R____
- ☐ Mass
- ☐ Excessive Hair
- ☐ Other

MOUTH, TEETH, and GUMS

- ☐ Appear Normal
- ☐ Tartar (Mild, Mod., Severe)
- ☐ Periodontal disease
- ☐ Ulcers/Mass
- ☐ Gingivitis
- ☐ Pale/Icteric/Injected MM
- ☐ Mobile Teeth
- ☐ Other

MUSCULOSKELETAL SYSTEM

- ☐ Appear Normal
- ☐ Joint/Ligament abnormality
- ☐ Muscle Loss
- ☐ Lameness LF LR RF RR
- ☐ Other

CARDIOVASCULAR

- ☐ Appear Normal
- ☐ Murmur Grade: _____
- ☐ Arrhythmia
- ☐ Other

ABDOMEN

- ☐ Appears Normal
- ☐ Tense/Painful
- ☐ Mass
- ☐ Fluid
- ☐ Other

RESPIRATORY

- ☐ Appear Normal
- ☐ Coughing Noted
- ☐ Dyspnea
- ☐ Tachypnea
- ☐ Other

GASTROINTESTINAL SYSTEM

- ☐ Appears Normal
- ☐ Vomiting/Diarrhea
- ☐ Parasites
- ☐ Inappetence
- ☐ Other

NERVOUS SYSTEM

- ☐ Appears normal
- ☐ Abnormal

UROGENITAL SYSTEM

- ☐ Appears Normal
- ☐ Anal Glands
- ☐ Mammary Mass
- ☐ Vulvar Discharge
- ☐ Testicle Abnormal
- ☐ Recommend Spay/Neuter
- ☐ Other

NOSE and THROAT

- ☐ Appear Normal
- ☐ Nasal Discharge
- ☐ Thyroid Abnormal
- ☐ Enlarged Lymph Nodes
- ☐ Inflamed Throat/Tonsils
- ☐ Other

CANINES: 4dx Testing

- ☐ Heartworm Positive/Negative
- ☐ Lyme Positive/Negative
- ☐ Ehrlichia Positive/Negative
- ☐ Anaplasmosis Positive/Negative
- ☐ Test Recommended

INTESTINAL PARASITES

- ☐ Results _____
- ☐ Fecal testing recommended

WEIGHT

- ☐ _____
- ☐ Body score (1-9) _____

TEMP: _____

HR: _____

RR: _____

MM: _____

CRT: _____

VX Status: _____

Findings/Recommendations:

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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:

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

EXAMPLE of Pre-Anesthesia Examination and Anesthesia Monitoring – Page 2

Pre-Anesthesia and/or Induction

Drug	Dose Mg/Kg	Concentration Mg/mL	Amt given in mL	Route	Time

[illegible][illegible][illegible][illegible]

S
U
R
G
E
R
Y

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

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

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