

PATIENT RECORD TEMPLATE – MINIMUM REQUIREMENTS

Date:	
Owner's Name:	
Phone:	
Address:	
Patient's Name:	
Breed:	
Sex:	
Immunization Records:	
Procedure Performed:	
Lab Results:	

Pre-Surgical Physical Exam: If notes only show "PE within normal limits", they need to provide a definition of normal limits for each system assessed.

Age:	Weight:	Temp(F):	HR_____	RR_____
General Appearance:	Mucous Membranes:	Cardiovascular:	Respiratory:	Hydration:
Abnormal Notes:				

Client Communication: (If notes only show a discharge plan and emergency contact was handed to Client, they need to provide the handout.)

A discharge plan and emergency contact were handed out to the Client
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Vaccines Given or Medications Prescribed or Dispensed (If Rabies – 1 or 3 year should be noted. Either rabies tag number should be provided or attach the rabies certificate)

Medication Name:	Dispensed or Prescribed	Strength	Dosage	Quantity