



THE COLLEGE OF
VETERINARIANS
OF ONTARIO

SAMPLE FORMS – COMPANION ANIMALS

The attached documents are intended as samples which provide a companion animal veterinarian with forms that he/she may choose to consider or adapt as part of their practice. In addition to forms that apply to companion animal practice, documents with forms specific to equine, poultry and food producing animals are available as well as forms that may be used by all practices.

Sample Form	Page
Companion Animal Client Registration Form	2
Companion Animal Physical Examination Form	3-4
Companion Animal Dental-Dermatological Chart	5
Companion Animal Ophthalmological Chart	6
Companion Animal Master Problem List	7-8
Companion Animal 24 Hour Treatment Monitoring Record	9
Companion Animal Discharge Summary	10

SAMPLE: COMPANION ANIMAL CLIENT REGISTRATION FORM

Client ID #	
Animal ID #	

CLIENT INFORMATION

Client Name				
Address				
Phone	Home:	Work:	Cell:	FAX:
Email				

PATIENT INFORMATION

Name:				
Species	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Other	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered
Breed:	Colour:	Markings:		
Microchip:	Tattoo:	DOB:		

MEDICAL HISTORY

Previous Veterinarian / Clinic:	
Confirmation to request files from previous veterinarian or clinic.	
Any known drug allergies:	
Prior illness(es) / surgery(ies):	
Current medications:	
Diet restrictions/ supplements:	
Reason for initial visit:	

Veterinarian Signature:	Date:
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SAMPLE: COMPANION ANIMAL PHYSICAL EXAMINATION RECORD

Client Name/ID #	Animal ID #	Date	Time
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SPECIAL NOTES:

PRESENTING COMPLAINT:

Notes:
Frequency and Duration:
Previous treatment for problem:
Response to treatment:

SUBJECTIVE FINDINGS - HISTORY:

<i>Appetite:</i> Nrm ___ Abn ___ N/A ___	<i>Drinking:</i> Nrm ___ Abn ___ N/A ___	<i>Coughing:</i> Nrm ___ Abn ___ N/A ___	<i>Sneezing</i> Nrm ___ Abn ___ N/A ___
<i>Attitude:</i> Nrm ___ Abn ___ N/A ___	<i>Vomiting:</i> Nrm ___ Abn ___ N/A ___	<i>Bowels:</i> Nrm ___ Abn ___ N/A ___	<i>Urination:</i> Nrm ___ Abn ___ N/A ___

Notes:

OBJECTIVE FINDINGS – PHYSICAL EXAMINATION DATA:

Temp:	HR:	RR:	MM:	CRT:	Wt:
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<i>Abdomen/Palpation:</i> Nrm ___ Abn ___ N/E ___	<i>Heart:</i> Nrm ___ Abn ___ N/E ___	<i>Musculoskeletal:</i> Nrm ___ Abn ___ N/E ___	<i>Respiratory:</i> Nrm ___ Abn ___ N/E ___
<i>Ears: L / R</i> Nrm ___ Abn ___ N/E ___	<i>Integument:</i> Nrm ___ Abn ___ N/E ___	<i>Neurological:</i> Nrm ___ Abn ___ N/E ___	<i>Urogenital:</i> Nrm ___ Abn ___ N/E ___
<i>Eyes: L / R</i> Nrm ___ Abn ___ N/E ___	<i>Lymphatic:</i> Nrm ___ Abn ___ N/E ___	<i>Oral Cavity:</i> Nrm ___ Abn ___ N/E ___	<i>Body Condition Score:</i> Nrm ___ Abn ___ N/E ___

Notes:

SAMPLE: COMPANION ANIMAL PHYSICAL EXAMINATION RECORD

Client ID #	
Animal ID #	

ASSESSMENT, RULE OUTS, DDx:

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PLANS:

Tests	Interpretation of Results	Treatment

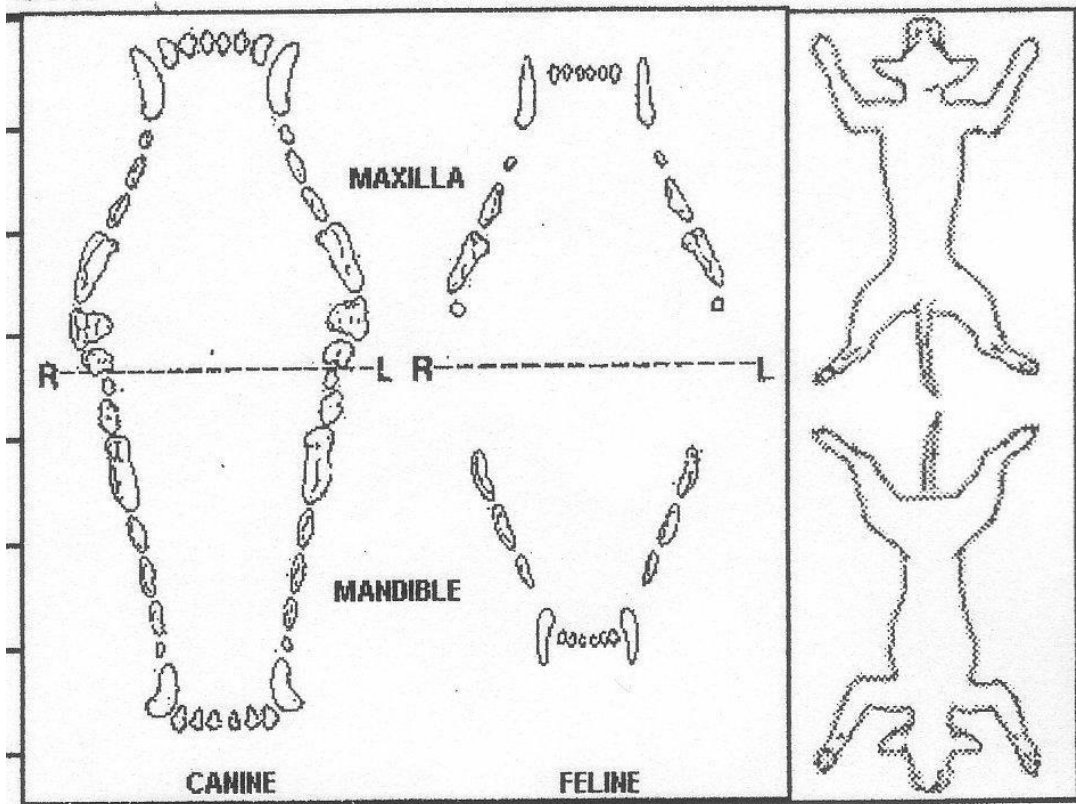
RECOMMENDATIONS/INSTRUCTIONS TO OWNER:

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Signature Veterinarian:	Date:
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SAMPLE: COMPANION ANIMAL DENTAL/DERMATOLOGICAL CHART

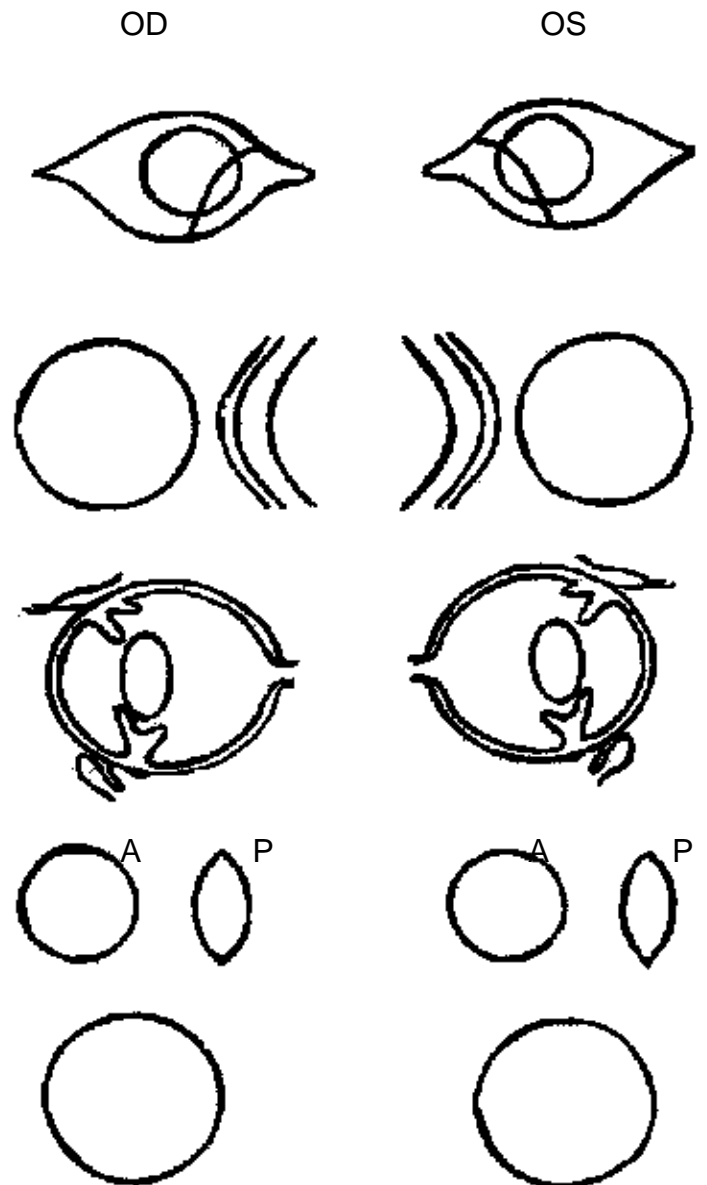
Client ID:	
Animal ID:	
Performed by:	
Date:	



SAMPLE: COMPANION ANIMAL OPHTHALMOLOGICAL CHART

Client ID:	
Animal ID:	
Performed by:	
Date:	

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



SAMPLE: COMPANION ANIMAL DISCHARGE SUMMARY

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