

# Medical Records Checklist

Name of veterinary practice \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Veterinarian \_\_\_\_\_ Date \_\_\_\_\_

| Is it in the file?                            | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Patient's name                                | <input type="checkbox"/> | <input type="checkbox"/> |
| Owner's name                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Client's contact information                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency contact information                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Species                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Breed   | <input type="checkbox"/> | <input type="checkbox"/> |
| Color   | <input type="checkbox"/> | <input type="checkbox"/> |
| Presenting weight                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Presenting complaint                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Evidence of history or physical exams or both | <input type="checkbox"/> | <input type="checkbox"/> |
| Progress notes                                | <input type="checkbox"/> | <input type="checkbox"/> |
| Copies of lab reports                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Discharge notes and instructions              | <input type="checkbox"/> | <input type="checkbox"/> |
| Evidence of informed consent for treatment    | <input type="checkbox"/> | <input type="checkbox"/> |

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