

# 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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