Patient record: Veterinary

Blank form to fill in by hand.

Clinic _____

Doctor _____

Date _____ / _____ / _____
dd/mm/yyyy

Essentials

First name _____

Last name _____

Date of birth _____ / _____ / _____
dd/mm/yyyy

Place of birth _____

Nationality _____

Profession _____

Phone number _____

Email _____

Address _____

Gender

☐ Female ☐ Male ☐ Non binary ☐ Prefer not to say

1. Owner

Owner full name _____

Relationship to the animal

☐ Owner ☐ Foster or temporary carer ☐ Shelter or rescue ☐ Other

Alternative contact (name and phone) _____

2. Animal Identification

Species

☐ Dog ☐ Cat ☐ Rabbit ☐ Bird ☐ Small rodent ☐ Reptile ☐ Horse ☐ Other

Breed _____

Colour and distinguishing marks _____

Reproductive status

☐ Intact ☐ Spayed or neutered ☐ Unknown

Microchip number _____

Pet passport number _____

Caution: bites or aggressive? ☐ Yes ☐ No

If yes, give details: _____

3. History

Chief complaint

_____

_____

_____

Duration of signs

_____

Appetite, water intake, stool and urine

_____

_____

_____

Vomiting or diarrhoea? ☐ Yes ☐ No

If yes, give details: _____

Coughing, sneezing or breathing difficulty? ☐ Yes ☐ No

If yes, give details: _____

Previous illness, surgery or injury

_____

_____

_____

4. General History

Allergies (drugs, food, vaccines)? ☐ Yes ☐ No

If yes, give details: _____

Pregnant or nursing? ☐ Yes ☐ No

If yes, give details: _____

Currently on medication or supplements? ☐ Yes ☐ No

If yes, give details: _____

Main diet

☐ Dry commercial food ☐ Wet commercial food ☐ Home-cooked ☐ Raw diet ☐ Table scraps ☐ Other

Food brand and daily amount

_____

Living environment

☐ Indoor only ☐ Indoor and outdoor ☐ Outdoor, in a yard ☐ Farm or working animal ☐ Shelter

Contact with other animals? ☐ Yes ☐ No

If yes, give details: _____

Recent travel abroad? ☐ Yes ☐ No

If yes, give details: _____

5. Vaccination

Vaccination status

☐ Up to date ☐ Partial ☐ Unvaccinated ☐ Unknown

Vaccination record

Date	Vaccine	Product and batch	Next due

6. Parasite Control

Parasite treatments

Date	Type	Product and dose	Next due

7. Vital Signs

Body weight (kg) _____

Temperature (°C) _____

Heart rate (per minute) _____

Respiratory rate (per minute) _____

Capillary refill time

☐ Normal (under 2 s) ☐ Prolonged (over 2 s)

Mucous membranes

☐ Pink ☐ Pale ☐ Yellow ☐ Injected ☐ Blue

Hydration

☐ Normal ☐ Mild dehydration ☐ Moderate dehydration ☐ Severe dehydration

Body condition score (1-9, ideal 4-5)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

Pain score (0-5)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. Examination by System

Skin and coat

Eyes and ears

Mouth and teeth

Lymph nodes

Heart and lungs

Abdomen

Musculoskeletal

Neurological

Urogenital

9. Clinical Photography

Photo of the finding

Space for a photo or sketch

Photo date

_____ / _____ / _____

dd/mm/yyyy

Follow-up photo

Space for a photo or sketch

Follow-up photo date

_____ / _____ / _____

dd/mm/yyyy

10. Tests and Imaging

Tests or imaging done or provided? ☐ Yes ☐ No

Date

_____ / _____ / _____

dd/mm/yyyy

Type

☐ Bloodwork ☐ Urinalysis ☐ Faecal test ☐ Rapid test ☐ X-ray ☐ Ultrasound ☐ Cytology ☐ Other

Result or image

Space for a photo or sketch

Findings

11. Assessment and Plan

Diagnosis

Differential diagnoses

Prognosis

☐ Good ☐ Guarded ☐ Poor

Treatment plan

Advice to the owner

Next check-up

_____ / _____ / _____

dd/mm/yyyy

12. Anaesthesia and Surgery

Anaesthesia or surgery performed? ☐ Yes ☐ No

Procedure date

_____ / _____ / _____

dd/mm/yyyy

Procedure

☐ Spay or neuter ☐ Dental procedure ☐ Mass or tumour removal ☐ Orthopaedic ☐ Abdominal surgery ☐ Other

Weight before anaesthesia (kg)

Anaesthetic protocol

Complications? ☐ Yes ☐ No

If yes, give details:

Post-operative care

13. Medication and Treatment

Medication given or prescribed

Date	Medication	Dose and route	Duration

Visit log

Date	Weight (kg)	Diagnosis	Treatment and notes

14. Owner Consent

Owner consent

1. I have been informed in an understandable way about the animal's diagnosis, the purpose of the proposed treatment, the procedures that may be performed (including sedation or anaesthesia and their risks), reasonable alternatives, expected benefits, limitations and main risks, and the expected costs.

2. I have been informed that the outcome of treatment cannot be guaranteed absolutely and that additional procedures, check-ups or treatment may be needed depending on the clinical situation.

3. I have had the opportunity to ask questions, and I declare that the answers I received were sufficient for my decision.

4. I declare that I am the owner of the animal, or am authorised by the owner to give this consent, and that the information I have given about the animal, including its health history and vaccinations, is accurate to the best of my knowledge.

5. I authorize the veterinarian and clinical staff to perform the agreed treatment and clinically necessary supporting procedures, including sedation or anaesthesia where needed, within the plan discussed with me. In an emergency that threatens the animal's life, when I cannot be reached, I authorise urgent measures to relieve its pain and save its life, but not euthanasia, which is only carried out with my separate agreement.

6. I understand that the costs of the examination, tests, medication and treatment are payable by me, and that costs may change if the animal's condition requires additional procedures.

7. I have been informed that I have the right to refuse the treatment or to withdraw this consent at any time. Withdrawal does not affect procedures performed before it.

Patient or Legal Representative Signature

Date:

Doctor Signature

Date:

Signature

Date

_____ / _____ / _____

dd/mm/yyyy