SAMPLE Continuing Care Summary

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| --- | --- | --- | --- |
| Date: |  | Veterinarian: |  |
| Client ID: |  | Animal ID: |  |

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| --- | --- |
| Diagnosis: |  |
| Treatment/Tests/Procedure Performed: |  |
| Medications: |  |
| Withdrawal Times: |  |
| Feed Directions: |  |
| Recheck Date: |  |
| Additional Instructions: |  |
| Discussed with: |  | Initials:  |