



GUIDELINES

Medical Records for Equine Practice

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Related Topics:	
Legislative Reference:	The <i>Veterinarians Act</i> , R.S.O. 1990; Ontario Regulation 1093; <i>Minimum Standards for Veterinary Facilities in Ontario</i> (see Appendix 1).
College Contact:	Registrar
Reference Materials:	CVO Position Statement, "Release of Medical Information" (2007) http://www.cvo.org/uploadattachments/PSReleaseofmedicalinformation.pdf ; Appendix 2 (sample templates and protocols).

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Purpose

These guidelines are intended to assist equine practitioners with the development and maintenance of effective, complete and accurate medical records that meet both legislative requirements and also the expectations of their peers and needs of their clients. The document was developed in consultation with equine practitioners and experts across Ontario, and reflects generally accepted professional standards for the preparation of medical records.

Scope

The guideline applies to all veterinary practitioners involved in the care of horses. Templates in Appendix 2 offer examples of forms for the equine practitioner's consideration and use or adapt as he/she so wishes.

Background

Equine veterinarians in Ontario recognize that complete medical records are important or very important to improve quality and continuity of veterinary care for animals in their practice, to help prevent the spread of highly contagious diseases, to appropriately document health certificates for cross-border travel, to provide information when a horse changes ownership or for a pre-purchase examination, and to document appropriate use of prescribed medications.

Though the Regulation requires equine records to be kept as per food-producing records, equine practitioners largely treat individual animals and therefore this document also provides guidance on record keeping that supports the maintenance of individual animal records.

The College of Veterinarians of Ontario's publication, *Minimum Standards for Veterinary Facilities in Ontario* (Titles 1-12), states that "records [must be] kept in the facility in accordance with the relevant provisions in the regulation." Under Regulation 1093, the following sections pertain to record keeping for veterinarians licensed by the CVO:

- section 22 (3) states that the **specific requirements** for record keeping for equine practitioners are the same as those required in respect of a food-producing animal, which are stipulated in section 22 (2);
- Section 22 (5-6) provides general information governing the administration and **management of records**;
- section 27 1-2 provides the statutory requirements for record keeping on the **dispensing of drugs**;
- section 28 (1) addresses the provisions for a **controlled substance** register; and
- section 31 (1-4) provides relevant instruction related to **withholding times**.

Guidelines

Format

Clear, detailed and complete records are fundamental for maintaining effective communication between colleagues and ensuring optimal individual and group animal care. Records need to be organized, logical, and self-explanatory. Each component of an effective medical record must be precise, focused and practical. Records are usually more accurate if created while on the premises when and where the animal is seen. They should be created on the same day as the service is provided, whenever possible.

For ease of completion and consistency, the Data-Assessment-Plan (DAP) or Subjective-Objective-Assessment-Plan (SOAP) format for documenting medical assessments or examinations are recommended. These may be used for individual animals or for groups. Where appropriate, references to individual animals (observations, treatments, and assessments) may be noted on a group's SOAP or DAP form. These formats also allow a ready transfer of files between facilities and practitioners.

Records Management

Section 22 (5) of the Regulation states that the records shall be:

a) *legibly written or typewritten*

- Members should ensure that records can be read and properly interpreted to avoid misunderstandings that can be detrimental to individual animal or group care.
- Changes to typewritten or written records must be designated with a single line through the content, or using a similar technique, to ensure the legibility of the original entry. All changes must be dated and initialed for verification purposes.

b) *kept in a systematic manner*

- A complete record contains many components, including photographs, logs, radiographs/digital images, communications (correspondence, phone logs), laboratory data, certificates, invoices, Client Information Sheets, privacy forms, consent forms, protocols, abbreviation lists, client education material, fee estimates, invoices, waivers, and surgical/anesthetic monitoring sheets.
- Components must include individual identification, including breed and sex, and the client's name and address; for efficiency, a client code or number linking the client to the animal(s) may be used. Such a code provides a link between the individual component and the complete medical record, for ease of assembly and retrieval.
- A systematic approach to record storage can help ensure timely retrieval and that no relevant information is overlooked or misplaced. For example,

record components for a client file may be kept in chronological order (farm/stable/truck visits, clinic visits, or direct contact).

(b.1) *identified after each entry with the initials or code of the veterinarian responsible for the procedure (in practices of more than one practitioner or practices that employ locums)*

- An “entry” is any notation put into the record, or added to the record, whether it is a note regarding a procedure, client consultation, or dispensation of products/pharmaceuticals; an assessment, observation, or progress note (on a SOAP or DAP form, or other); lab result; or other.
- Entries made by non-veterinary staff in the medical record should be recorded with initials or an employee code.

c) *retained for a period of at least five years after the date of the last entry in the record or until two years after the member ceases to practice veterinary medicine, whichever occurs first.*

- The complete medical record must be kept for 5 years after the date of the last entry in (and/or addition to) the overall record.
- Members who cease to practice due to retirement or closing a facility need to ensure their records are accessible to clients, the College and others who may require them. This provision can be met by transferring records to another member still in practice. Regardless of where the records are stored, members must notify the College of their location. Records belonging to members who sell their practices to another veterinarian become the property of the new practice owner.

Coordinated Care

Records must be shared between colleagues treating the same horse in a timely and professional manner (see the CVO Position Statement, “Release of Medical Information” [June 2007] for details). Veterinarians should encourage clients to be forthcoming regarding other service providers treating their horses. The primary-care veterinarian and others providing dental services, complementary or alternative therapies, or race-track care, for example, should share information regarding the animal(s) being cared for, to ensure continuity of care. See CVO’s Position Statement, “Release of Medical Information” (2007) for details on protocols for sharing information between veterinarians.

Electronic Records

The CVO does not approve or endorse any particular software program(s) for medical record keeping by veterinarians. It is the responsibility of the member to ensure that all legal requirements and professional expectations for record keeping are met, regardless of the system selected for record creation, storage and management.

As per section 22(6), records may be maintained in any electronic medium that provides a visual display of recorded information if

- a) the recorded information is capable of being printed promptly; and
- b) any changes in the recorded information are clearly indicated as changes.

Therefore members must ensure that any software package utilized:

- designates medical record revisions as a change, and retains the original information entered;
- includes adequate security provisions; and
- allows easy retrieval of record components for printing and compilation as required.

Itemized Minimum Requirements as per Regulation

Section 22 (2) of the Regulations outlines the 12 items that must be included in each record kept for horses (which are to be “the same as those required in respect of a food-producing animal”). These are:

- 1. Individual or herd/stable identification, including breed and sex.**
 - Breed and sex must be clearly stated and not inferred from other information presented in the record.
 - Herd/stable identification must clearly refer to a specific group of animals. This could be the entire herd or any other designated grouping.
 - Each horse should be identified in the record as either Food Producing or non-Food Producing, and this information should be updated regularly.

- 2. If individual advice or care is given, at least one of the animal’s name, the animal’s tattoo or ear tag number or the animal’s colour, markings or other distinguishing physical features.**
 - Advice/care given to a specific animal within a group is clearly identified and differentiated from information and data related to the group.
 - Ear tag numbers are not used for horses, though halter tags may be used, and could be referenced in order to meet this requirement.

- 3. The client’s name, address and telephone numbers.**
 - It is advisable to secure as much client contact information as possible. This may include residence, barn/stable, employer and cell phone numbers.
 - All relevant contact information, including trainers, can be documented on the Client Information Sheet (see Appendix 2)
 - The client’s lot and concession number should be supplemented by the property identification number, if available, for all premises.
 - The address where the animal or stable is located and the mailing address of the client, if different, should both be recorded and identified.

- 4. The name and telephone number of a person to be contacted in the absence of the client.**
 - This person could be the trainer, agent, or another person with the authority for the care, custody, and control of the horse.
 - To avoid potentially significant problems where the client might be unavailable, the record must include adequate contact information for an alternative individual and should indicate whether the client has granted authority to allow him/her to act as an agent in their absence and provide consent for medical and financial decisions if required.
 - The alternative contact information needs to be regularly updated.
 - In the case of an emergency, all attempted client and alternative contacts should be documented.

- 5. Date of each service.**
 - “Service” is defined as any procedure, client consultation, assessment, observation, progress note, and dispensation of products or pharmaceuticals, and entries must be dated.

- 6. A history of the presenting complaint.**
 - The “presenting complaint” is defined as the client’s perspective of the problem with the individual animal or stable.

- 7. If there is a presenting complaint, particulars of each assessment, including any laboratory investigations performed or ordered by the member and the results of each assessment.**
 - The assessment of the animal or stable and the interpretation of diagnostic tests are required components of a complete medical record. This assessment incorporates problems identified and rule-outs considered. Protocols and templates may be used to minimize the amount of writing and time spent complying with this requirement.¹
 - Acronyms and abbreviations can be used if a complete list is readily available for all staff to reference.
 - Veterinarians must implement a system to ensure the tracking of laboratory samples for both in-house and external laboratories and the reporting of abnormal findings. (see Appendix 2 for laboratory tracking logs).

- 8. A note of any professional advice regarding the individual or herd and an indication of to whom the advice was given if other than to the client.**
 - Descriptions of advice and recommendations given regarding medical, surgical, or diagnostic testing must be clearly documented. All oral (in-

¹ Protocols document a routine procedure—from a physical exam to a specific surgery—and provide detail about the specific manner that the procedure is performed in the majority of cases. Maintaining protocols (dated, and associated with a name) where they are easily retrieved allows the veterinarian to reference the document without writing down each step followed, every time. Deviations from the stated procedure are noted in the record.

person and telephone) and written communication with clients or agents of clients (including trainers) involved in animal care should be included in the record and documented by date. All parties involved in the communication need to be identified. If a message is left on a voicemail, this information should be documented, including the time and date.

- If a recommendation is declined, it must be noted in the medical record, along with the reasons given by the client, if any.
- If discharge instructions/follow-up sheets are given to clients, a copy must be included in the record (see Appendix 2 for a sample Discharge Summary Sheet).

9. A complete record of all written prescriptions and drugs that the member has prescribed or dispensed.

- Drug information contained in the record must include the brand or generic name of the drug, the strength, dose and quantity. A second copy of the prescription label included in the record may be an efficient way of recording this information. If a prescription can be repeated, this should be noted. If there is a significant warning or side effect associated with the drug, this should be conveyed to the client and recorded.
- Prescribed (via written script or via verbal recommendation) and compounded (including off-label) drug information must be contained in the record, and must include the name of the drug, the strength, dose and quantity.
- Practitioners should maintain procedures to ensure that clients are properly informed about medications for their animals and stables. See CVO's Guidelines for Compounding Veterinary Drugs (2007) for details on consent required for and definitions of off-label drugs; the Informed Consent form contained therein is also included in the Appendix to this document.
- A description of a complete record for drug dispensing is found in Regulation 1093, Section 27 1-2.
- Many medical and surgical treatments include the administration of intravenous fluids, a description of which should be included in the medical record (A sample fluids monitoring sheet is included in Appendix 2).
- A sample 24-hour treatment/monitoring sheet for hospitalized animals is included in Appendix 2.

10. A copy of any report prepared by the member in respect of the individual or herd.

- Reports may include health certificates, and insurance applications.

11. The fees and charges, showing separately those for drugs and those for advice or other services.

- An invoice is a component of the medical record.

- Charges must clearly differentiate the fees for the vaccines and other pharmaceuticals from those for professional services.

12. Any additional records required by this regulation.

- This clause exists to cross reference any records requirements cited elsewhere in Regulation 1093, including sections regarding drug dispensation, and/or sections that may be added in the future.

Radiography and Diagnostic Imaging

Under the *Minimum Standards for Veterinary Facilities in Ontario*, radiology requirements apply to all equine clinics, mobiles and emergency mobiles that include an x-ray machine and/or diagnostic imaging equipment.

The facility must contain equipment to identify radiographs, all of which are permanently identified with:

1. the name of the veterinarian or the designation of the facility or both,
 2. identification of the animal and of the client,
 3. the date of the radiograph, and
 4. an indication of the area of the body including the left or right side of the animal.
- This information must be exposed on the film; a label or indelible pen can be used only to improve legibility.

The facility must also contain a radiographic log in which is entered,

1. the date each radiograph is taken,
 2. identification of the animal and of the client,
 3. MAS and kV, if it varies from the technique chart,
 4. the area of the body exposed to the radiograph,
 5. the number of radiographs taken of each animal on a particular visit.
- A sample radiology log is included in Appendix 2.

Surgical and Anesthetic Logs

The requirement for an anesthetic log in the *Minimum Standards for Veterinary Facilities in Ontario* applies only to those equine clinics, mobiles, and emergency mobiles in which general anesthesia is administered.

The following must be entered into the anesthetic log, either alone or in combination with the surgical log, for each induction of general anesthesia:

1. the date of each procedure,
2. the identification of the client,
3. the breed, age, sex, estimated weight and identity of the anaesthetized animal,
4. the name, dose, and route of administration of all anesthetic agents,
5. the nature of each procedure,
6. the animal's pre-anesthetic condition, and
7. the animal's post-anesthetic condition.

All equine clinics, mobiles and emergency mobiles require a surgical log, which must contain the following for each major surgical procedure performed in the facility:

1. the date of each procedure,
 2. the identification of the client,
 3. the breed, age, sex, estimated weight and identity of the animal upon which the procedure was performed,
 4. the name of the surgeon,
 5. the nature of each procedure,
 6. the animal's pre-operative condition,
 7. the animal's post-operative condition, and
 8. the length of time taken to perform the procedure.
- An example of a surgery/anesthetic log is contained in Appendix 2.
 - Chronological storage of individual surgery and anesthetic monitoring sheets can satisfy the requirements for a surgery/anaesthetic log.
 - An entry in the log is not required for procedures where the animal is tranquilized or sedated only, without general anesthesia.

Drug Dispensing

Section 27 1-2 of Regulation 1093 contains the following specific provisions for the dispensing of drugs:

- 27 (1) A member who dispenses a drug shall make a written record showing,
- (a) the name and address of the owner of the animal or group of animals for which the drug is prescribed;
 - (b) the name, strength and quantity of prescribed drug;
 - (c) the directions for use if they are different than the directions for use on the manufacturer's label or if the manufacturer's label does not specify the directions for use;
 - (d) the date on which the drug is dispensed; and
 - (e) the price charged.
- (2) The member shall retain the written record required under subsection (1) for a period of at least five years or until he or she ceases to practice veterinary medicine, whichever comes first.

Withholding Times for Food-Producing Horses

For horses identified as food-producing animals, section 31 of Regulation 1093 pertaining to withdrawal times for food-producing animals applies.²

Section 31 (1-4) of regulation 1093 states:

- 31 (1) In this section, “withholding time” means, in reference to an animal that receives a drug or substance, the period of time for which the animal or the product of the animal should be withheld or withdrawn from sale for consumption.
 - (2) When a member dispenses a drug or substance for use in food-producing animals, the member shall advise the recipient of the drug or substance of an appropriate withholding time, which shall be at least as long as the withholding time recommended by the manufacturer of the drug or substance.
 - (3) The container in which the drug or substance is dispensed shall include on the label, legibly and conspicuously displayed on the outer surface of the container, a warning of an appropriate withholding time, which shall be at least as long as the withholding time recommended by the manufacturer.
 - (4) When a member dispenses a drug or substance for use in food-producing animals and the member knows or suspects that use will be made or a dosage will be administered of the drug or substance that is different than the use or dosage that is customary or recommended by the manufacturer, the member shall, in addition to the advice required under subsection (2), advise the recipient of the drug or substance that the appropriate withholding time is not known but should be substantially longer than the recommended withholding time.
- The veterinarian should cite the withdrawal time published by the CFIA if known. For drugs without known withdrawal times, a notation should be made in the record that the withdrawal time is unknown.
 - Copies of records denoting drugs prescribed and/or administered should be provided to the client for such animals.

Controlled Substances

Section 28 (1) of Regulation 1093 contains provisions for practitioners dispensing a controlled substance and the maintenance of a controlled substance register as follows:

² As of July 31, 2010, rules from the CFIA on slaughter of equine for edible purposes will be in force, requiring withdrawal times to be included in medical records for animals destined for slaughter for a period of 6 months beforehand. See CFIA website for details: <http://www.inspection.gc.ca/english/corpaffr/newcom/2010/20100129e.shtml>

28 (1) A member who dispenses a controlled substance shall keep a controlled substance register in which is entered,

(a) the date of the dispensing;



(b) the name and address of the owner of the animal or animals for which the drug was dispensed;

- It is acceptable to use a unique identifier code that can be cross referenced (for example, to the Client Information Sheet) to provide this information.
- Controlled substances include narcotics, barbiturates, and anabolic steroids among others.

28 (1) A member who dispenses a controlled substance shall keep a controlled substance register in which is entered,

(c) the name, strength, and quantity of the drug dispensed; and

(d) the quantity of the drug remaining after dispensing.

- All entries in the controlled substance register should be initialed by the prescribing veterinarian to ensure accountability.
- The surgery/anesthetic log cannot be used as a controlled substance register.
- A controlled substance is identified with a  or .
- A sample controlled substance register is included in Appendix 2.
- An entry must be made in the register for any of the following situations:
 - A controlled substance that has been prescribed for an individual animal is dispensed.
 - A controlled substance that has been prescribed for and administered to an individual animal.
 - A controlled substance has been used in the compounding of other preparations.

Ketamine and Targeted Drugs

Under the *Minimum Standards for Veterinary Facilities in Ontario*, the following sections govern record keeping requirements for Ketamine and targeted drugs in equine clinics and mobiles:

A member who dispenses Ketamine shall keep a Ketamine register in which is entered,

1. the date of dispensing,
2. the name and address of the owner of the animal or animals for which the drug was dispensed,

- It is acceptable to utilize a unique identifier code that can be cross referenced (for example, to the Client Information Sheet) to provide this information.
3. the name, strength, and quantity of the drug dispensed, and
 4. the quantity of the drug remaining after dispensing.
- All entries in the Ketamine register should be initialed by the prescribing veterinarian to ensure accountability.
 - The surgery/anesthetic log cannot be used as a Ketamine substance register.
 - The sample controlled substances register included in Appendix 2 can be used as a Ketamine register.
 - An entry must be made in the Ketamine register for any of the following situations:
 - Ketamine is prescribed for and administered to an individual animal.
 - Ketamine has been used in the compounding of other preparations.

A member who dispenses a targeted drug shall keep a targeted drug register in which is entered,

1. the date of dispensing,
 2. the name and address of the owner of the animal or animals for which the drug was dispensed,
- It is acceptable to utilize a unique identifier code that can be cross referenced (for example, to the Client Information Sheet) to provide this information.
3. the name, strength, and quantity of the drug dispensed, and
 4. the quantity of the drug remaining after dispensing.
- All entries in the targeted drug register should be initialed by the prescribing veterinarian to ensure accountability.
 - The surgery/anesthetic log cannot be used as a targeted drug register.
 - Targeted drugs are identified with the symbol “☒” appearing beside the drug name and includes all benzodiazepines such as diazepam, midazolam, chlorodiazepoxide, etc.
 - The sample controlled substance register included in Appendix 2 can be used as a targeted drug register.

- An entry must be made in the targeted drug register for any of the following situations:
 - A targeted drug that has been prescribed for an individual animal is dispensed.
 - A targeted drug that is prescribed for and administered to an individual animal.
 - A targeted drug has been used in the compounding of other preparations.

Relevant Legislation

Ontario Regulation 1093

Section 22 (3) the records required in respect of a horse are the same as those required in respect of a food-producing animal. (see Section 22[2], below).

Section 22. (2) The records required in respect of each food-producing animal or herd shall contain the following information:

1. Individual or herd identification, including breed and sex.
2. If individual advice or care is given, at least one of the animal's tattoo or ear-tag number or the animal's colour, markings, or other distinguishing physical features.
3. The client's name, address, and telephone numbers.
4. The name and telephone number of a person to be contacted in the absence of the client.
5. Date of each service.
6. A history of the presenting complaint.
7. If there is a presenting complaint, particulars of each assessment, including any laboratory investigations performed or ordered by the member and the results of each assessment.
8. A note of any professional advice regarding the individual or herd and an indication of to whom the advice was given if other than to the client.
9. A complete record of all written prescriptions and drugs that the member has prescribed or dispensed.
10. A copy of any report prepared by the member in respect of the individual or herd.
11. The fees and charges, showing separately those for drugs and those for advice or other services.
12. Any additional records required by this Regulation. RRO. 1990, Reg. 1093, s.22 (2); O. Reg. 510/95, s. 5 (1)

Sections 22 (5) and (6)

22 (5) The records required under this section shall be,

- (a) legibly written or typewritten;
- (b) kept in a systematic manner;
- (b.1) in practices of more than one practitioner or practices that employ locums, identified after each entry with the initials or code of the veterinarian responsible for the procedure; and
- (c) retained for a period of at least five years after the date of the last entry in the record or until two years after the member ceases to practice veterinary medicine, whichever occurs first.

22 (6) Despite subsection (5), the records required under this section may be maintained in any electronic medium that provides a visual display of recorded information if,

- (a) the recorded information is capable of being printed promptly; and
- (b) any changes in the recorded information are clearly indicated as changes. R.R.O. 1990, Reg. 1093, s. 22 (6).

Sections 27 (1) and (2)

27 (1) A member who dispenses a drug shall make a written record showing,

- (a) the name and address of the owner of the animal or group of animals for which the drug is prescribed;
- (b) the name, strength and quantity of prescribed drug;
- (c) the directions for use if they are different than the directions for use on the manufacturer's label or if the manufacturer's label does not specify the directions for use;
- (d) the date on which the drug is dispensed; and
- (e) the price charged. R.R.O. 1990, Reg. 1093, s. 27 (1)

(2) The member shall retain the written record required under subsection (1) for a period of at least five years or until he or she ceases to practice veterinary medicine, whichever occurs first. R.R.O. 1990, Reg. 1093, s. 27 (2)

Section 28 (1)

28 (1) A member who dispenses a controlled substance shall keep a controlled substance register in which is entered,

- (a) the date of dispensing;
- (b) the name and address of the owner of the animal or animals for which the drug was dispensed;
- (c) the name, strength, and quantity of the drug dispensed; and
- (d) the quantity of the drug remaining after dispensing.

Section 31 (1-4)

31 (1) In this section, “withholding time” means, in reference to an animal that receives a drug or substance, the period of time for which the animal or the product of the animal should be withheld or withdrawn from sale for consumption.

- (2) When a member dispenses a drug or substance for use in food-producing animals, the member shall advise the recipient of the drug or substance of an appropriate withholding time, which shall be at least as long as the withholding time recommended by the manufacturer of the drug or substance.
- (3) The container in which the drug or substance is dispensed shall include on the label, legibly and conspicuously displayed on the outer surface of the container, a warning of an appropriate withholding time, which shall be at least as long as the withholding time recommended by the manufacturer.
- (4) When a member dispenses a drug or substance for use in food-producing animals and the member knows or suspects that use will be made or a dosage will be administered of the drug or substance that is different than the use or dosage that is customary or recommended by the manufacturer, the member shall, in addition to the advice required under subsection (2), advise the recipient of the drug or substance that the appropriate withholding time is not known but should be substantially longer than the recommended withholding time.

Section 17 (1) 27 and 28: professional misconduct includes failure to make or retain the records required by this regulation (ss.27) and falsifying a record regarding professional services (ss.28).

SAMPLE TEMPLATES

The following samples are provided for veterinarians' use and/or adaptation only (and are not mandatory)

SAMPLE CLIENT INFORMATION SHEET

Client Information

Name:
Address:
Lot and Concession:
Township:
County:
Property Identification Number (if applicable)
Address 2:
Residence Phone:
Business/Workplace Phone:
Cell Phone:

Alternate Contact/Agent Information

Name:
Address:
Residence Phone:
Business/Workplace Phone:
Cell Phone:
Client's Consent for agent to act as client's agent is on file: Y / N
Client's signature:

CONSENT TO DISPENSE COMPOUNDED DRUGS

Client /Agent Name:
Animal Identification:
Description of the Compounded Drug: Pharmacy that prepared product (if applicable): Rx Number (if applicable) _____
Prescribed Directions for Use:

I grant consent for the compounded drug described above.

- a) I understand the proposed compounded drug is not approved by Health Canada and consequently may provide a greater risk level. This drug has not undergone rigorous testing for efficacy and stability.
- b) I understand the reasons for utilizing the compounded drug, its potential risks and benefits, other alternative treatment (s) and the probable consequences, which may occur if the proposed medication is not administered.
- c) I am willing to accept the risks associated with this compounded drug that my veterinarian has discussed with me.
- d) I hereby authorize Dr. _____ to dispense the compounded drug described above to my animal. This consent is valid until I revoke it or conditions change to the point that all risks and benefits are significantly different.

Client Signature:	Date:
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SAMPLE EQUINE MEDICAL RECORD

Date: _____ Veterinarian: _____

Owner:

Animal Identification:

History / Previous Treatment

Presenting Complaint

Physical Examination

T: ____ (F/C) HR: __bpm RR: _____/min

Attitude: _____ BCS _____

Appetite: Normal / Partial / Absent Duration _____

Significant Findings:

Assessment

--

Treatment Plan

--

Instructions to Owner

Product	Amount	Route	Frequency	Duration

Withdrawal Instructions

--

Veterinarian's Signature: _____ **Date:** _____

SAMPLE EQUINE EXAMINATION PROTOCOL

Utilized by: Dr. _____

Dates Utilized: 2003 to present

Reference:

Journal / Text: _____

Title: _____

Pages: _____

REPRODUCTIVE ORGAN EXAMINATION IN THE MARE

The mammary system is palpated for evidence of mastitis, abscessation, neoplasia or injury. The mare's perineal area is washed and disinfected and the tail wrapped prior to examination. The vulva is examined for conformation, apposition, tone and evidence of discharge. Poor conformation of the vulvar lips and vulva are noted where they may predispose the mare to problems like pneumovagina and fecal contamination of the vagina. The vulvar lips are separated to detect any evidence of passage of air into the vagina.

The examination continues to the clitoris and clitoral fossa. Where contagious equine metritis (CEM) is suspected, the clitoral sinuses are cultured.

Rectal palpation is performed to assess the ovaries for size and structures that may be present including corpora lutea, follicles and cysts. The ovulation fossa is examined for evidence of ovulation and the pelvis is palpated for any structures that might interfere with breeding or parturition.

The cervix is palpated per rectum and assessed for length, turgour and the presence of any abnormal structures.

SAMPLE EQUINE SURGICAL PROTOCOL

Utilized by: Dr. _____

Dates Utilized: 2003- present

Reference:

Journal /Text: _____

Title: _____

Pages: _____

EQUINE ANESTHESIA FOR CASTRATIONS & OTHER FIELD PROCEDURES

Pre Anesthetic evaluation

The horse's body condition is evaluated and scored on the Henke scale. The heart and lungs are auscultated, listening for arrhythmias and the horse's temperature is taken unless the horse is excessively anxious or untrained. Castrations are done under general anesthesia as follows.

Anesthetic Protocol:

Xylazine (0.5 mg/ lb) + butorphanol (0.01 mg/lb) given intravenously, mixed in the same syringe: the horse is kept quiet during this procedure. Restraint techniques such as twitches are avoided unless absolutely necessary. Adult stallions are given 5 ml of xylazine (100 mg/ml) and 1 ml of butorphanol (10 mg/ml).

Within 2 - 5 minutes the horse's head relaxes and drops below the level of its withers. If this does not occur, another dose of xylazine (0.1-0.2 mg/lb) is administered.

After sedation is achieved, ketamine (1 mg/lb) and diazepam (0.02 mg/lb) are administered by slow intravenous injection mixed in the same syringe.

When the horse becomes recumbent it is positioned in left lateral recumbency, the eyes are covered with a towel and the upper leg is tied forward out of the way.

The spermatic cord of each testis is injected with 10-15 mls of mepivacaine or lidocaine. The horse is then scrubbed and castrated, using the technique described in [cite text reference].

Tetanus toxoid vaccination and procaine penicillin (300,00 iu/ml) at a dose of 5 ml/100lbs are administered during anesthesia.

During surgery the patient's palpebral reflex, eye position, respiratory pattern, rate and amplitude and heart rate are assessed.

Following completion of the procedure the horse is allowed to recover with minimal stimulation. If it demonstrates nystagmus, the horse is prevented from rising by holding the head so that the nose is elevated approximately 90 degrees to the ground. When ready, the horse is permitted to attain sternal recumbency for a minute, and then allowed to stand after which it has a handler at its head for 10-15 minutes before being moved or transported.

SAMPLE ABBREVIATION LIST

Ab	Antibiotics
BAR	Bright, alert and responsive
CRT	Capillary refill time
DDX	Differential diagnoses
EIA	Equine Infectious Anemia
FX	Fracture
FUO	Fever of unknown origin
GPE	General Physical Examination
INB	If no better
INI	If no improvement
LMOM	Left message on machine
NAF	No abnormal findings
NSF	No significant findings
O	Owner
R/o	Rule out
RX	Prescription
SID	1 time daily
BID	2 times daily
TID	3 times daily
SX	Surgery
TC	Telephone call
TDX	Tentative diagnoses
TX	Treatment
WCB	Will call back
WNL	Within normal limits

24-HOUR TREATMENT / MONITORING SHEET

Animal ID:												Client:												
Date:																								
Weight:																								
Problem List:																								
1.																								
2.																								
3.																								
4.																								
am	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
T																								
P																								
R																								
MM Colour																								
CRT (sec)																								
Attitude																								
Fluids mls/hr																								
Fluids in																								
Urine out																								
BM																								
Other																								
Feed																								
Water																								
Medications																								
Diagnostics																								

SAMPLE STABLE VISIT TEMPLATE

Veterinary Facility Name: _____ **Date:** _____
Veterinarian: _____, DVM **Stable Address:** _____
Trainer/Coach: _____

Horse ID	Owner	Complaint	Procedure	Observations	Assessment	Treatment	WD	Comments

NOTES:
