



GUIDELINES

Medical Records for Food Animal Practice

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Related Topics:	
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College Contact:	Registrar
Reference Materials:	Position Statement, "Release of Medical Information" (June 2007); Position Statement, "Delegating to Auxiliaries in Food Animal and Equine Practice (September 2004); 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 food animal practitioners with the development and maintenance of effective, complete and accurate medical records that meet both legislated requirements (bolded and numbered items from Regulation 1093) and also the expectations of their peers (bulleted recommendations noted beneath each numbered item).

Scope

These guidelines apply to all practitioners involved in the care of food-producing animals, including cattle, sheep, llamas, goats, pigs, deer, elk, buffalo, and other mammals raised for meat, milk, and fibre production. The document was developed in consultation with food animal practitioners and experts across Ontario, and reflects generally accepted professional standards for the preparation of medical records.

Background

Food animal veterinarians in Ontario recognize that complete medical records are important both for the quality and continuity of care and for food safety assurance. The College of Veterinarians of Ontario (CVO) also takes the position that keeping high quality medical records can contribute to improved animal care and effective herd health management for the livestock sector, as well as public health, bio-security, and food safety.

Veterinarians serving agricultural clients are assuming an increasingly important role in food safety assurance, prevention of anti-microbial resistance, and contagious reportable disease management. The implementation of programs such as On-Farm Hazard Analysis Critical Control Point (HACCP) systems, the Dairy Farmers of Ontario's (DFO's) Canadian Quality Milk (CQM) Program, as well as provincial and national government interest in food traceability, have put new emphasis on effective medical record keeping. Proper record maintenance is critical for assisting in trace backs, ensuring safe food, and providing a high level of consumer confidence in domestic products. In general, medical record keeping is a necessary component of professional practice that benefits veterinarians, food animals in their care, food animal producers, and society.

Guidelines

Format

The CVO understands that food-producing veterinarians face logistical difficulties in completing records due to complexity of the nature of the veterinarian-client-patient relationship (VCPR), the differences between individual animal and herd-health services provided, and the field locations of service delivery. However, maintenance of medical records for food producing animals and herds need not be onerous to be effective. Each component of a food producing animal medical record should be precise, focused and practical. Acronyms and abbreviations can be used if a complete list is readily available as a reference.

Also, optional templates and protocols (in the appendices) offer examples of forms designed for specific purposes, which may be adopted or modified by the veterinarian to suit individual needs and which would save a great deal of time if they (or variations thereon) were to be implemented. Such tools allow meticulous details to be captured for medical records, leading to comprehensiveness and transparency without requiring repetitive, extensive writing by the veterinarian for each case.

For ease of completion and consistency, the Data-Assessment-Plan (DAP) or Subjective-Objective-Assessment-Plan (SOAP) format for documenting medical history, observations or examinations, assessments, and plans are recommended. These may be used for individual animals or for groups. Any format used should allow for consistent, thorough record keeping appropriate to the situation.

Veterinarians are responsible for ensuring complete medical records and for ensuring that all required components are documented. Some food animal clients maintain their own (usually electronic) on-farm records systems; in such cases, veterinarians may wish to “delegate” the documentation of some information pertaining to services and care provided, as long as access to these records via

- copies of/access to the data using a PIN at the base unit or clinic, and/or
- on request by the veterinarian.

is guaranteed. A partnership approach to medical records in the practice of food animal veterinary medicine would be in the public interest and therefore acceptable if the arrangement is explicitly stated in writing at the start of the VCPR.¹

¹ See CVO’s Position Statement, “Delegating to Auxiliaries in Food Animal and Equine Practice” (September 2004) at <http://www.cvo.org/uploadattachments/PSDelegating2006.pdf>.

Content of Food-Producing Animal Records

Section 22 (2) of the Regulations outline 12 items that **must** be included in each record kept for food-producing animals or herds. These are noted below, with recommendations for additional information noted under each item:

1. Individual or herd identification, including breed and sex.

- Food animals should be permanently identified² by tattoo, electronic microchip, or by steel or radiofrequency ear tags (which is the owner's responsibility³); veterinarians must record identification for individual animals or herds, whether or not the permanent identification is present.
- Individual animals without permanent identification may be identified by name, but veterinarians should include whatever associated colour, markings, or other adequately distinct individual distinguishing features in addition to the name as is reasonable and appropriate.
- Herd identification must clearly refer to a specific group of animals. This could be the entire herd or flock, a pen of a specific age group, or any other designated grouping.
- Breed and sex must be clearly stated and not inferred from other information present in the record.

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 must be clearly identified and differentiated from information and data related to the group.
- The documentation of advice or care provided to the individual animal may be made within the herd's record; a separate record for the individual animal is not necessary.

3. The client's name, address and telephone numbers.

- All required contact information can be easily documented on a Client Information Sheet (see Appendix 2).
- It is advisable to secure as much client contact information as possible. This may include residence, barn, off-farm employer, and cell phone numbers.
- The client's lot and concession number should be supplemented by the property identification number, if available, for all premises.

² As stated in the Dairy Farmers of Ontario CQM program manual, "permanent identification of all cattle is essential to maintain records of animal treatments" (p. 3-2).

³ As of July 1, 2010, CFIA requires all cattle in Canada have Radio Frequency Identification (RFID) ear tags before moving from current locations or farms of origin.

- The address where the animal or herd 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.**
- To avoid potentially significant problems where the client might be unavailable, the record must include adequate contact information for an alternative individual and indicate whether the client has granted authority (medical and financial) to allow him/her to act as an agent in their absence and provide consent if required. Veterinarians should keep a record of those who are regularly involved in the care of the herd or animal within the VCPR, and what role(s) they have in that care.
 - 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 dispensing of products or pharmaceuticals. All services provided that the veterinarian deems significant and relevant to the medical care of the herd/animal should be entered in the record, and all entries must be dated.
 - Date formats should be consistent (eg: dd/mm/yyyy).
- 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 herd.
- 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 written assessment of the animal or herd and the interpretation of diagnostic tests are required components of a complete medical record.
 - Some software programs employ a “veterinarian’s list” or check-list of items for review during a herd-health visit.
 - Practitioners should implement a system to ensure the tracking of laboratory samples for both in-house and external laboratories. The system should record where and when the sample was sent, when the results were received, and that the implications and interpretations (noted in the record) were discussed with the client.
 - Records are usually more accurate if documented while on the premises when and where the animal is seen or, where this is not feasible, as soon thereafter as possible. Making entries in the record may be delegated, though the veterinarian is responsible for the accuracy and completeness of all records.

- Veterinarians may delegate some components of record keeping for herd-health assessments to the animals' owner/owners' agents, if the information is easily accessible.
- During herd-health visits, references to individual animals may be noted within the group's SOAP or DAP form—a separate form is not necessary.
- Templates and protocols can make record keeping more efficient.

A **template** is a diagram, chart, or checklist used to facilitate the capture of required information in a standardized format.

A **protocol** documents a routine procedure by outlining in detail a particular way that the procedure or assessment is performed in the majority of cases. For example, written surgical protocols contain details of the technique used, approach, findings, type of repair, material used, material implanted, closure, IV fluids administered, etc. Any significant variance should be recorded with enough detail to clearly outline the nature of the variance. All current and archived protocols should be maintained in a readily accessible central location.

- The details of a herd health call can be captured in a protocol. For example, the SOAP (or progress note) in the record would indicate "PE as per protocol," with findings of note specified.
- Though food animal veterinarians report rarely taking radiographs, there has been an increase in use of digital images. Any radiographs and/or digital images that are taken are part of the assessment in the record. See the *Minimum Standards for Veterinary Facilities in Ontario* for radiology requirements for food producing animal hospitals and in food producing animal mobiles that include an x-ray machine; for a sample radiology log, see the template in Appendix 2.

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 oral advice given [in person or by phone], including recommendations for diagnostic, treatment, and surgical options and implications, should be clearly documented. Routine advice may be written as a protocol or Standard Operating Procedure (SOP) to allow minimal notation by topic in the record or on the invoice.
- A copy of any discharge or other written instructions—or a reference to standard instructions kept on file in a central location—must be included.
- If a recommendation is declined, it should be noted in the medical record, along with the reasons given by the client, if any, and the details of the remaining discussion (e.g. risks or alternatives). Similarly if arrangements that were made for on-going treatment are cancelled by the client or veterinarian, this should be documented along with the reasons for the cancellation.
- In order to ensure continuity of care, a copy of the SOAP (history, assessment and results) can be left on the farm at the time of the call.

9. **A complete record of all written prescriptions and drugs that the member has prescribed or dispensed.**
- 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.
 - For prescribed drugs that are also dispensed on site, if the entire container is dispensed, details about strength and dose are not required as long as there is a protocol or Standard Operating Procedure (SOP)/List of drugs kept in stock for dispensing, which includes the strength/dose per drug dispensed. This SOP or list would need to be left on-farm and would need to be provided to the CVO or other veterinarians as appropriate with the rest of the medical record on request.
 - Veterinarians should maintain procedures to ensure that clients are properly informed about medications for their animals and herds. Detailed instructions on usage and withdrawal times must be documented and provided to clients. Again, this may be via SOP. References to withdrawal or inhibitor-test clearance times after which the meat or milk is safe for consumption may be in days/hours after treatment, if the treatment is for a range of days/hours, as long as the client is clear on the instructions. See “Withholding Times,” below, for details.
10. **A copy of any report prepared by the member in respect of the individual or herd.**
- Reports may include health certificates, export documents, 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 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 dispensing (see below), and/or sections that may be added in the future.
 - Though food animal veterinarians rarely perform general anesthesia, **Anesthetic and Surgical Logs** are additional records that are required under the *Minimum Standards for Veterinary Facilities in Ontario* for food producing animal hospitals and mobile facilities in which general anesthesia is administered. General anesthesia (as opposed to local or block anesthesia) of the central nervous system produces “a state of unconsciousness ... with absence of pain sensation over the entire body.”⁴

⁴ Sanders Comprehensive Veterinary Dictionary (3rd edition, 2007).
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- An example of a surgery/anesthetic log template is contained in Appendix 2. Some electronic record systems allow veterinarians to create surgery/anesthetic logs that auto-populate their controlled drug log fields, reducing the need for redundant data entry.

Drug Dispensing Requirements

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 the 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 occurs first.

Withholding Times

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.
 - This advice may be oral, but oral advice must be noted as having been given in the record.
 - If the withdrawal time is different from the manufacturer's recommendation printed on the container, then it must be recorded on the container and in the record.
- (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.



- Duplication of the manufacturer's recommendation on the clinic's label is not necessary if the entire container is dispensed and if there is a List/SOP in place with complete information noted therein.
- (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.

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:

- 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)

- (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 alone 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 food producing animal hospitals 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.

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, and pose a potential risk to food safety.
- 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. Changes in electronic records must also be traceable through logs or other means of retrieval.

b) kept in a systematic manner

- A complete record contains many components, including photographs, logs, radiographs, 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 of the record may be kept at multiple sites (veterinary clinic, on farm/with producer's records); however it is the veterinarian's responsibility to ensure that all record components are complete, accurate, and accessible, and may be easily and quickly obtained.
- Components must include individual or herd 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 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 dispensing 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 or producers 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.
 - Reproductive health records managed by the owner/producer should be kept for 1 year.
 - 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.

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.

Relevant Legislation

Ontario Regulation 1093

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.

CLIENT INFORMATION SHEET

Client Information (Sample only—customized versions are encouraged)

<p>Name(s) of owner(s):</p> <p>Address:</p> <p>Lot and Concession:</p> <p>Township:</p> <p>County:</p> <p>Property Identification Number (if applicable)</p> <p>Address 2:</p> <p>Residence Phone:</p> <p>Business/Workplace Phone:</p> <p>Cell Phone:</p>
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Alternate Contact/Agent/Employee Information

<p>Name:</p> <p>Address:</p> <p>Residence Phone:</p> <p>Business/Workplace Phone:</p> <p>Cell Phone:</p> <p>Consent to act as client's agent: Y/N</p> <p>Client's signature:</p>

FARM ANIMAL MEDICAL RECORD

Date: _____ Veterinarian: _____

Owner:

Animal Identification:

History / Previous Treatment

Presenting Complaint

Physical Examination

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

Weight / Body Condition:

Attitude: _____ BCS _____

Appetite: Normal / Partial / Absent Duration _____

Reproductive Status: Pregnant / Open / Fresh / Bred / Immature

Significant Findings:

Assessment

Instructions to Owner

Product	Amount	Route	Frequency	Duration

Treatment Plan

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Withdrawal Instructions

Milk withdrawal: _____ hours

Meat withdrawal: _____ hours

Milk from this animal, taken at the am / pm milking, may go into the tank on DD/MM/YYYY if administered as prescribed.

Milk from this animal must be subject to Inhibitor Testing before the milk may go into the tank.

The recommended date for Inhibitor Testing is the am / pm of DD/MM/YYYY.

This animal may be shipped for slaughter on DD/MM/YYYY

Veterinarian's Signature _____ Date: _____

SAMPLE SURGICAL PROTOCOL

LDA- UTRECHT TECHNIQUE PROTOCOL

Utilized by: Dr. _____

Dates Utilized: 2003- present

METHOD

Indications

- Pregnant animals
- Weak thin heifers or cows to minimize stress
- Animals suspected of lung problems, especially lung abscesses
- Avoid in large, deep chested cows as technique may be difficult

Prep

- Left flank is clipped & prepped routinely
- Anesthetic is local by distal or proximal paravertebral or “1” block
- 1 – 2 cc of 25mg atarvet or torbugesic may be used to control fractious animals
- Caudal epidural to prevent tail contamination
- 2 exit spots should be pre-marked on the ventral right abdomen. The 1st about 4 – 5 inches behind the xiphoid and 2 – 3 inches off the midline, avoiding larger veins. The 2nd spot should be 3 – 4 inches caudal to the 1st.

Surgery

Local anesthetic of the left flank is tested by using serpentine skin needle at several spots along the intended incision line.

An 8-10 inch incision is made starting about 6 inches below the transverse processes and about 1.5-2 inches behind the last rib. Often a distended LDA can be palpated in this area. After full thickness skin incision, the abdominal oblique muscle is cut with scalpel blade. The transverse abdominal muscle is bluntly dissected with fingers then carefully cut with surgical scissors. The peritoneum is tented with forceps and incised carefully with scissors, the peritoneum will be thin and may be directly over the distended abomasum. The peritoneal incision is extended with scissors over 2 fingers.

A large piece of #3 white Braumid suture is cut – long enough to put 6-8 throws through the abomasal serosa and leave 24-36 inches (double stranded) at each end to place the suture through the ventral abdominal wall. It is initially threaded to a semi-circular blunt suture needle. The abomasum is palpated and checked to ensure it is healthy (no ulcers) and plan suture placement. With retraction on the serosa it is pulled as far caudal as possible and 1-2cm. wide through serosa sutures are placed from back to front extended as far cranial as possible and toward the greater omental attachment (rumen side). The distal end of the suture may be placed through a towel clamp behind the incision on the right flank and held in place with a hemostat. About 6-8 serosal deep throws are placed in the abomasums. The placed sutures can be used to help retract the abomasums to place the forward sutures. The suture material is slid forward to leave 24-36

inches at each end. A serpentine skin suture needle is tied to the proximal end. Pushing downward on the abomasums and holding the needle between fingers and thumb the needle follows the abdominal wall aiming for the right ventral abdomen. Entanglement in omentum may require several attempts to reach the right abdomen floor. Pushing on the abdomen floor allows the assistant to help place the front needle. It is inched out from the finger hold and pushed into the abdomen wall. Grasping the top of the needle it is pushed through the wall. This may require the assistant to push the skin over the needle. Once through, the assistant pulls the needle taut. Keeping the distal end of the suture attached to the hemostat, the abomasums is worked down under the rumen while the assistant pulls on the 1st suture end to help. Once the stomach is in place a 2nd serpentine needle is tied to the tail of the suture material and it is positioned as the 1st one toward the posterior abdominal mark. Once the second needle is through the wall the assistant slowly pulls both sutures taut. The suture ends inside are checked to ensure the abomasums is lying against the wall as a slight arch between the sutures. Once placement is correct the assistant ties the suture ends together with 1 square or many granny knots.

Closure of the abdominal wall is routine (see C-section protocol)

Post-Op

- The animal is placed on either penicillin (3ml/100lbs) or Excenel (1ml/100lbs) for 5 days
- The cow is placed on 500ml propylene glycol orally SID or 300ml BID for 5 days
- Stitches can be removed in 14 days.

CONTINUING CARE SUMMARY SHEET

Animal ID:	Client:
Diagnosis:	
Treatment / Tests:	
Medications:	
Withdrawal Times:	
Dietary Directions:	
Recheck Date:	
Doctor:	
Additional Instructions:	

_____, DVM Date: _____

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																								
Milk																								
Feed																								
Water																								
Medications																								
Diagnostics																								

