

Hospital Name, Address, Phone Number

SAMPLE CONTINUING CARE/DISCHARGE SUMMARY

Date:	Veterinarian:
Client ID:	Animal ID:

Diagnosis:	
Treatment/Tests/Procedure Performed:	
Medications Prescribed:	
Withdrawal Times:	
Exercise:	
Dietary Directions:	
Recheck Date:	
Additional Instructions/Comments:	
Discharged by:	Initials:
Discussed with:	Initials: