

Veterinary clinical report

CLINIC

Clinic name	Address
Phone	Email

PATIENT AND OWNER

Patient	Species	Breed	
Sex ☐ Male ☐ Female	Neutered/spayed ☐ Yes ☐ No	Age or date of birth	Weight (kg)
Microchip	Owner	Phone	
Date	Vet	Registration no.	

HISTORY Reason for visit, progression and what the owner reports.

CLINICAL EXAMINATION

Temperature (°C)	HR (bpm)	RR (/min)	Mucous membranes	CRT (s)	Body condition
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FINDINGS General condition and findings by body system.

DIAGNOSTIC TESTS Bloods, imaging, cytology or other tests, with date and result.

VETERINARY CLINICAL REPORT

Patient	Owner	Date
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DIAGNOSIS *State whether it is presumptive or definitive.*

PROCEDURES PERFORMED *What was done in the consultation: techniques, sedation, wound care, vaccines or samples taken.*

PLAN AND RECOMMENDATIONS

Treatment

Drug	Dose	Route	Frequency	Duration

PENDING TESTS

Recheck date

What will be rechecked

OWNER INSTRUCTIONS *In plain language: medication at home, diet, exercise, warning signs and when to come back.*

Vet

Registration no.

Signature