

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

DEPARTMENT OF CONSUMER AFFAIRS • VETERINARY MEDICAL BOARD

1747 North Market Blvd., Suite 230, Sacramento, CA 95834-2978

P (916) 515-5220 | Toll-Free (866) 229-0170 | www.vmb.ca.gov



## Registered Veterinarian Technician Monthly Supervision Report

Prob	ationer	's Name:		_ RY	VT#						
Repo	rt for th	he Month o	of: (circle	one)			In	the yea	r of:_		· · · · · · · · · · · · · · · · · · ·
Jan	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec
			Regis	tered V	eterinar	y Tech	nnician Dut	ties			
Please superv		5 medical red	cords in wi	hich the I	RVT perfo	rmed a v	variety of task	s under d	direct or	indirect	
Patien	t Name					Ti	reatment Date				
Medic	cal Care	<b>Provided:</b>				•					
Super	vision P	rovided:	□ Dire	ect		□ Inc	lirect				
Comm	ents:										
ПБ	xcellent	☐ Good	☐ Satis	factory	□ Unsa	ıtisfactor	w				_
	Accircit	<u> </u>	_ Butis	ractor y		itisiactoi	: <u>y</u>				
Patien	t Name					Tı	reatment Date				
Medic	cal Care	Provided:									
Super	vision P	rovided:	□ Dire	ect		□ Inc	lirect				
Comm	nents:										
											_
	xcellent	☐ Good	☐ Satis	factory	☐ Unsa	tisfootor					_
	t Name		□ Saus	ractory	LI Ulisa		. y reatment Date				
		Provided:				1.	Catificht Date				
		rovided:	□ Dire	net		□ Inc	lirect				
Comm		Toviucu.					<u></u>				
Comm											
											_
ΠЕ	xcellent	☐ Good	☐ Satis	factory	□ Unsa	tisfactor	У				-

Please include additional comments or concerns on the reverse side of this page or attach a separate page, if necessary.

Patient Name		Treatment Date								
Medical Care Provided:										
<b>Supervision Provide</b>	ed: Direct	Indirect								
Comments:										
☐ Excellent ☐ (	Good	factory								
Patient Name		Treatment Date								
Medical Care Provide	ded:	Treatment Date								
Supervision Provide		Indirect								
Comments:										
□ Excellent □ (	Good □ Satisfactory □ Unsatis	factory								
An RVT may perform	the following procedures only under the	direct supervision of a licensed veterinarian:								
•		urect supervision of a needsed veterinarian.								
<ul><li>(1) Induce anesthesia;</li><li>(2) Apply casts and specification</li></ul>										
(3) Perform dental ext	tractions;									
	and subcutaneous tissues, gingiva and ora e in the skin to facilitate placement of an i									
	•									
An RVT may perform the following procedures under <i>indirect</i> supervision of a licensed veterinarian:										
(1) Administer controlled substances.										
		or indirect supervision of a licensed veterinarian. The								
degree of supervision by a licensed veterinarian over a RVT shall be consistent with standards of good veterinary medical practices.										
•	nominion Donout or as as all all M.	inomy Medical Decad and the towns and so with a Col								
		inary Medical Board and the terms and conditions of the robationer. I hereby certify under penalty of perjury								
under the laws of the State of California that all statements given here are true and correct.										
Supervisor Name:		VET #								
Address:										
Supervisor's Signature:	•	Review Date:								

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.

Page 2 of 2 Rev. 1/2019

				1		1	1				1	
MEDICAL RECORD REVIEW												
OVERALL EXAMINATION ASSESSMENT												
Diagnosis complied with minimum standards.												
Treatment was necessary, appropriate, and complied with minimum standards.												
Maintained necessary and appropriate treatment.												
Maintained necessary and appropriate records and chart entries.												
Complied with existing statutes and regulations governing the practice of veterinary medicine.												
CCR Section 2032.3 (a) Record Review												
Legible												
Name or initials of the person responsible for entries.												
Name, address and phone number of the client.												
Name or identity of the animal, herd or flock.												
Except for herds or flocks, age, sex, breed, species,												
Dates (beginning and ending) of custody of the animal, if applicable.												
A history or pertinent information as it pertains to each animal, herd, or flock's medical status.												
Data, including that obtained by instrumentation, from the physical examination.												
Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.												
Records for surgical procedures include a description of the procedure, the name of the surgeon, the type of sedative/anesthetic agents used, their route of administration, and their strength if available in more than one strength.												
Diagnosis or assessment prior to performing a treatment or procedure.												
If relevant, a prognosis of the animal's condition.												
All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.												
Daily progress, if relevant, and disposition of the case.												