

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



Case No: _____

VET # _____

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

MONTHLY SUPERVISION REPORT

Veterinarian Name:_____

Repor	rt for th	ie Month	of: (circl	e one)									
Jan	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec		
Instr	uctions	•											
(1)	Please 1	review the	supervision	ı agreeme	ent which	includes	the percentag	ge and fre	equency of	of records	s that		
		be reviewe											
(2)						types of S	Supervision	Review l	ogs to be	e turned	in		
			ctory/Unsa						,a				
(3)			pletely with corresponding		o-date info	ormation	and turn in n	nonthly b	y the 5 th	of each n	nonth of		
(4)							DOCUMEN						
	care reviewed that required discussion, concerns or recommendations and provide your feedback to the												
	Board (e.g. did you discuss the concerns with the probationer, were any changes made, what was the												
(F)	outcom			DYTDE	A TEN ATENIA			ATION	. 11	. ,			
(5)						I AND D	OCUMENT	ATION I	or all pai	tient care			
	reviewe	a that was	in total cor	npiiance.	•								
The B	OX belo	w is to be	filled out A	AFTER 2	all necessa	ary logs :	are filled ou	t.					
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STAT	EMENT	S GIVEN I	HERE ARE	TRUE	AND COL	RRECT.							
SUPE	RVISOR	NAME: _					V	ET #					
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ADDR	RESS:						T	ELEPHO	NE #:				
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SHDE	RVISOR	'S SIGNA	TURE				REV	IFW DAT	LE.				

Supervision Review Log

UNSATISFACTORY TREAMENT OR DOCUMENATION

Patient Name		Treatment Date
Medical Care P	rovided	<u>'</u>
		Noncompliant
Deficiencies (explai	in)	
Comments/ Recomm	mendations given	
	-	
Patient Name		Treatment Date
Medical Care P	rovided	
Medical Records D	Documentation: □ Compliant □ 1	Noncompliant
Deficiencies (explai	in)	
Comments/ Recomments/	mendations given	
_		
Patient Name		Treatment Date
Medical Care P	rovided	
Medical Records D	Documentation: □ Compliant □ 1	Noncompliant
Deficiencies (explai	in)	
Comments/ Recomm	mendations given	

Reviewing Vet Initials_____

Supervision Review Log

SATISFACTORY TREATMENT AND DOCUMENTATION

Patient Name		Treatment Date							
Medical Care Provided									
Patient Name		Treatment Date							
Medical Care Pi	ovided								
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Medical Care Pr	ovided								
			Reviewing Vet Initials						

Supervision Review Log

SATISFACTORY TREATMENT AND DOCUMENTATION

Patient Name		Treatment Date							
Medical Care Provided									
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Medical Care Pr	ovided								
			Reviewing Vet Initials						

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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.												