Appendix G: Veterinary Chart Abstraction Form



Form Approved
OMB No. 0923-0051
Exp. Date 03/31/2018

## **Veterinary Chart Abstraction Form**

Reviewer Name:	Date of Review: /	_ / Data entered: / /
Veterinary Hospital:		Pet ID:
Pet Name:		
Address: Street:	City:	State: Zip:
Telephone (Home)(Cell) _	(Work)	(Other)
Patient Demographics		
Age: □ Years □ Months Sex: □ Mal	e □ Female □ Neutered/Spaye	ed
Species: □ Dog □ Cat □ Other	Breed:	
Hair Length: □ Short □ Medium □ Long □	Hairless □ N/A <b>Body Co</b> r	ndition Score:
Visit Information		
Date of Visit: / / Time of	arrival:: am pm	
Chief Complaint:		
Was the pet admitted? □ Y □ N If yes, # Da	ave.	
Initial Vital Signs: Weight: □ kg □		
Temp (°F): Heart Rate:		O <sub>2</sub> sat:
	Respiratory Rate.	0,544
Medical History		
<b>Medications:</b> Heartworm prevention $\Box Y \Box$	ı N	
Decontamination  Weatha national decontaminated 3 = Year = N	Jo = NI/A	
Was the patient decontaminated? ☐ Yes ☐ N		
If yes, where was the patient decontaminate	ed? How was the pa □ Water	atient decontaminated?
☐ At veterinary hospital	□ Soap a	nd water
□ Both	-	

This information is collected under the authority Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA), commonly known as the "Superfund" Act, as amended by the Superfund Amendments and Reauthorization Act (SARA) of 1986 and the Public Health Service Act (42 USC Sec. 301 [241]). ATSDR estimates the average public reporting burden of this collection of information as 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0923-0051)

## **Clinical Signs**

Check box if the sign is present in the medical record (for this encounter). If date of onset is different from date of presentation, indicate in date column.

Sign	Date
General	
□ Fever (>103.0 °F)*	//
□ Hypothermia (<98.0 °F)*	//
□ Lethargy	//
□ Other:	
□ Other:	
Eye	
□ Corneal abrasion	//
□ Increased tearing	//
□ Irritation/Pain	//
□ Itching/Pruritis	//
□ Miosis	//
□ Mydriasis	//
□ Other:	//
Cardiovascular	
□ Bradycardia*	//
□ Cardiac arrest	//
□ Hypertension	//
□ Hypotension	//
□ Tachycardia*	//
□ Other:	//
Danimatam.	
Respiratory	
□ Cough	//
□ Cyanosis	//
□ Dyspnea	//
☐ Hyperventilation/Tachypnea	//
□ Nose bleed	//
□ Phlegm/Congestion	//
□ Runny nose	//
□ Stridor	//
□ Wheezing	//
□ Other:	//
Gastrointestinal	
□ Abdominal pain	//
□ Anorexia	//
□ Constipation	//
□ Diarrhea	//
□ Nausea	//
□ Vomiting	//
□ Other:	/ /

Sign	Date
Nervous System	
□ Ataxia	//
□ Fasciculations	//
☐ Hyperactive/anxiety/irritable	//
□ Muscle pain	//
□ Muscle rigidity	//
□ Muscle weakness	//
□ Paralysis	//
□ Peripheral neuropathy	//
□ Salivation	//
□ Other:	//
Skin	
□ Burns	//
□ Edema/Swelling	//
□ Erythema/Redness/Flushing	//
☐ Hives/Welts	//
□ Irritation/Pain	//
□ Itching/Pruritis	//
□ Rash	//
□ Other:	//
*Normal value varies by enesie	_

<sup>\*</sup>Normal value varies by species

Imaging					
			Contras	Acute	
Date	Type of Imaging	Location	t	Findings	Description of Acute Findings
//	□ X-ray □ Ultrasound □ Other:		□ Y □ N	□Y □N	
//	□ X-ray □ Ultrasound □ Other:		□ Y □ N	□Y □N	
//	□ X-ray □ Ultrasound □ Other:		□ Y □ N	□Y □N	
//	□ X-ray □ Ultrasound □ Other:		□ Y □ N	□Y □N	

EKG		
Date	Findings	Description of EKG Findings
//	□ WNL	
	☐ Abnl, consistent	
	□ Abnl, new	
//	□ WNL	
	☐ Abnl, consistent	
	□ Abnl, new	

WNL- within normal limits

Abnl, consistent- Abnormal finding, consistent with medical history or previous disease

Abnl, new- Abnormal finding, may indicate the presence of new disease

Lab Values (See key below for check box explanations)

Lab	d actual value if it is in	Repeat Lab Values			
Na	□ WNL		Time::	патпрт	
	□ Abnl, CI			[	
	□ Abnl, C Dz	Date: / /	Time::	□ am □ pm	
	□ Abnl, exposure			<b>p</b>	
	□ Abnl, other				
K	□ WNL	Date: / /	Time::	□ am □ pm	
	□ Abnl, CI	,,		[	
	□ Abnl, C Dz	Date: / /	Time::	□ am □ pm	
	□ Abnl, exposure	,,		[	
	□ Abnl, other				
Cl	□ WNL	Date: / /	Time::	□ am □ pm	
	□ Abnl, CI			•	
	□ Abnl, C Dz	Date: / /	Time::	□ am □ pm	
	□ Abnl, exposure			•	
	□ Abnl, other				
HCO <sub>3</sub>	□ WNL	Date: / /	Time::	_ □ am □ pm	
	□ Abnl, CI				
	□ Abnl, C Dz	Date: / /	Time::	_ □ am □ pm	
	□ Abnl, exposure				
	□ Abnl, other				
BUN	□ WNL	Date: / /	Time::	_ □ am □ pm	
	□ Abnl, CI				
	□ Abnl, C Dz	Date: / /	Time::	_ 🗆 am 🗆 pm	
	□ Abnl, exposure				
	□ Abnl, other				
Cr	□ WNL	Date: / /	Time::	_ □ am □ pm	
	□ Abnl, CI				
	□ Abnl, C Dz	Date: / /	Time::	_ □ am □ pm	
	☐ Abnl, exposure				
01	☐ Abnl, other		<b>—•</b>		
Glu	□ WNL	Date: / /	Time::	_ □ am □ pm	
	□ Abnl, Cl	Data: / /	Time a.		
	□ Abnl, C Dz	Date: / /	Time::	_ □ am □ pm	
	□ AbnI, exposure □ AbnI, other				
Hgb		Date: / /	Time::	□ am □ nm	
TIGO	☐ Abnl, Cl	Datc / /	''''''.		
	□ Abnl, C Dz	Date: / /	Time::	□ am □ nm	
	☐ Abnl, exposure	Date: / /		_	
	□ Abnl, other				
Hct	□ WNL	Date: / /	Time::_	патпрт	
. 100	□ Abnl, Cl			a p	
	□ Abnl, C Dz	Date: / /	Time::	□ am □ pm	
	☐ Abnl, exposure		······-·	_ · · · · · · · · · · · · · · · · · · ·	
	□ Abnl. other				

WBC	□ WNL	Date: _	_/_	_/	Time: _	<b>:</b>	_ 🗆 am 🗆 pm	
	□ Abnl, CI							
	□ Abnl, C Dz	Date: _	_/_	_/	Time: _	:	_ 🗆 am 🗆 pm	
	☐ Abnl, exposure							
	□ Abnl, other							
Plts	□ WNL	Date:	/	/	Time:	:	_ □ am □ pm	
	□ Abnl, CI						- ·	
	□ Abnl, C Dz	Date:	/	/	Time:	:	_ □ am □ pm	
	☐ Abnl, exposure	_					- '	
	☐ Abnl, other							
Ca <sup>2+</sup>	□ WNL	Date:	/	/	Time:	•	_ 🗆 am 🗆 pm	
	□ Abnl, Cl	Buttor _		_ ′		·		
	□ Abnl, C Dz	Date	/	/	Time	•	_ 🗆 am 🗆 pm	
	☐ Abnl, exposure	Date	_ ′	_′		·	_ 🗆 am 🗅 pm	
	☐ Abnl, other							
AST		Date		/	Time	•		
431	□ Abnl, Cl	Date	— ′ —	_ ′	1111C	•		
	□ Abnl, C Dz	Date	/	/	Timo	•	_ 🗆 am 🗆 pm	
	☐ Abnl, exposure	Date	_ /	_/	Tille	·		
	☐ Abnl, other							
ALT		Data		/	Times		am _ pm	
ALI	□ WNL	Date: _	_ /	_ /	nine: _	<b>:</b>		
	□ Abnl, Cl	Data	,	,	Timo		5 am 5 nm	
	□ Abnl, C Dz	Date: _	_ /	_ /	nine: _	·_	_ 🗆 am 🗆 pm	
	□ Abnl, exposure							
	☐ Abnl, other							
Tatal Dili	_ \A/\ II	Data		,	T:			
Total Bili	□ WNL	Date: _	_/_	_/	Time: _	<b>:</b>	_ 🗆 am 🗆 pm	
Total Bili	□ Abnl, CI							
Total Bili	□ Abnl, Cl □ Abnl, C Dz						_	
Total Bili	□ Abnl, Cl □ Abnl, C Dz □ Abnl, exposure							
	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other	Date: _	_/_	_/	Time: _	:	_ □ am □ pm	
Total Bili  ——— Alk Phos	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL	Date: _	_/_	_/	Time: _	:		
	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, CI	Date:	_/_	_/	Time: _	:	_	
	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, Cl □ Abnl, C Dz	Date:	_/_	_/	Time: _	:	_ □ am □ pm	
	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, Cl □ Abnl, C Dz □ Abnl, exposure	Date:	_/_	_/	Time: _	:	_	
Alk Phos	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other	Date: _ Date: _ Date: _	_/_	_/	Time: _ Time: _	:	_	
	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, Cl □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL	Date: _ Date: _ Date: _	_/_	_/	Time: _ Time: _	:	_	
Alk Phos	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, Other	Date: Date: Date:	_/_	_/	Time: _ Time: _ Time: _	:	_	
Alk Phos	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz	Date: Date: Date:	_/_	_/	Time: _ Time: _ Time: _	:	_	
Alk Phos	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, Exposure □ Abnl, other □ WNL □ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, c Dz □ Abnl, C Dz	Date: Date: Date:	_/_	_/	Time: _ Time: _ Time: _	:	_	
Alk Phos  Other:	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, other □ WNL □ Abnl, C Dz	Date: Date: Date: Date:	_/	_/	Time: _ Time: _ Time: _ Time: _	:	_	
Alk Phos	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, other □ WNL □ Abnl, CI □ Abnl, CI □ Abnl, CDz □ Abnl, CDz □ Abnl, CDz □ Abnl, CDz □ Abnl, other □ WNL	Date: Date: Date: Date:	_/	_/	Time: _ Time: _ Time: _ Time: _	:	_	
Alk Phos  Other:	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, CI □ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, C Dz	Date: Date: Date: Date:	_/	_/	Time: _ Time: _ Time: _ Time: _	:	_	
Alk Phos  Other:	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, Cl □ Abnl, Cl □ Abnl, CDz □ Abnl, Other	Date: Date: Date: Date: Date:	_/	_/	Time: _ Time: _ Time: _ Time: _	:	_	
Alk Phos  Other:	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, CI □ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, C Dz	Date: Date: Date: Date: Date:	_/	_/	Time: _ Time: _ Time: _ Time: _	:	_	
Alk Phos  Other:	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, Cl □ Abnl, Cl □ Abnl, CDz □ Abnl, Other	Date: Date: Date: Date: Date:	_/	_/	Time: _ Time: _ Time: _ Time: _	:	_	
Alk Phos  Other:	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, Cl □ Abnl, Cl □ Abnl, Cl □ Abnl, Cl □ Abnl, C Dz □ Abnl, exposure □ Abnl, C Dz □ Abnl, exposure □ Abnl, exposure	Date: Date: Date: Date: Date: Date:	_/	_/	Time: _ Time: _ Time: _ Time: _ Time: _	:	_	
Alk Phos  Other:  Other:	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, exposure □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, C Dz □ Abnl, exposure □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, c Dz □ Abnl, c Dz □ Abnl, other	Date: Date: Date: Date: Date: Date:	_/	_/	Time: _ Time: _ Time: _ Time: _ Time: _	:	_	
Alk Phos  Other:  Other:	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, Cl □ Abnl, Cl □ Abnl, CDz □ Abnl, CDz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, other □ WNL □ Abnl, Other □ WNL □ Abnl, C Dz □ Abnl, Other □ WNL	Date: Date: Date: Date: Date: Date: Date:	_/	_/	Time: _ Time: _ Time: _ Time: _ Time: _ Time: _	:	_	
Alk Phos  Other:  Other:	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, Cl □ Abnl, Cl □ Abnl, CDz □ Abnl, C Dz □ Abnl, C Dz □ Abnl, exposure □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz	Date: Date: Date: Date: Date: Date: Date:	_/	_/	Time: _ Time: _ Time: _ Time: _ Time: _ Time: _	:	_	

Date://       Repeat Lab Values (if necessary)         pH       □ WNL         □ Abnl, Cl       Date:// Time:: □ am □ pm         □ Abnl, C Dz       □ Abnl, exposure         Date:// Time:: □ am □ pm	
□ Abnl, Cl Date: / / Time: : □ am □ pm	_
□ Abnl, C Dz	_
п Abnl exposure Date: / / Time: : пат прт	
27 (Sini) exposure	
□ Abnl, other	
Specific Gravity	
□ Abnl, Cl Date: / / Time: : □ am □ pm	
□ Abnl, C Dz	
☐ Abnl, exposure Date: / / Time: : ☐ am ☐ pm	
☐ Abnl, other	
Protein	
□ Abnl, Cl Date: / / Time: : □ am □ pm	
□ Abnl, C Dz	
☐ Abnl, exposure Date: / / Time:: ☐ am ☐ pm	
□ Abnl, other	
Glucose	
□ Abnl, Cl Date: / / Time:: □ am □ pm	
□ Abnl, C Dz	
☐ Abnl, exposure Date: / / Time:: ☐ am ☐ pm	
□ Abnl, other	
Ketones	
□ Abnl, Cl Date: / / Time: : □ am □ pm	
□ Abnl, C Dz	
□ Abnl, exposure	
□ Abnl, other	
WBC DATE OF THE PROPERTY OF TH	
□ Abnl, Cl Date: / / Time: : □ am □ pm	
□ Abnl, C Dz	
□ Abnl, exposure Date:/ Time:: □ am □ pm	
□ Abnl, other	
RBC WNL	
□ Abnl, Cl Date: / / Time: : □ am □ pm	
□ Abnl, C Dz □ Abnl, exposure Date: / / Time: : □ am □ pm	
☐ Abnl, exposure Date: / / Time: : ☐ am ☐ pm	
Bilirubin	
□ Abnl, Cl Date: / / Time: : □ am □ pm	
□ Abnl, exposure Date: / / Time: : □ am □ pm	
□ Abnl, other	

WNL- Within normal limits

Abnl, CI- Abnormal, Clinically insignificant (To be determined with NCEH Toxicologists)

Abnl, C Dz- Abnormal finding, consistent with documented chronic disease

Abnl, exposure- Abnormal finding, potentially associated with the exposure

Abnl, other- Clinically significant abnormality, related to other disease process

Arterial Blood Gas (ABG) F	ow Sheet		
Date	Date	Date	Date
Time	Time	Time	Time
рН	рH	рН	рН
$pO_2$	pO <sub>2</sub>	pO <sub>2</sub>	pO <sub>2</sub>
pCO <sub>2</sub>	pCO <sub>2</sub>	pCO <sub>2</sub>	pCO <sub>2</sub>
HCO <sub>3</sub> -	HCO <sub>3</sub>	HCO <sub>3</sub>	HCO <sub>3</sub>
O <sub>2</sub> sat	O <sub>2</sub> sat	O <sub>2</sub> sat	O <sub>2</sub> sat
Supplemental O <sub>2</sub>	Supplemental O <sub>2</sub>	Supplemental O <sub>2</sub>	Supplemental O <sub>2</sub>
□ Y □ N □ N/A	□ Y □ N □ N/Ac	□ Y □ N □ N/A	□ Y □ N □ N/A

Medications (new inedications that were	minuated of prescribed during this visit/admission	<i>)</i>    <i> </i>	
·			Continued
		Given during	after
Name	Indication	this visit?	discharge?
Outcomes			
Diagnosis:			
Discharge			
- LWDC - Office visit			
□ LWBS □ Office visit			
□ Admitted: / Discharge inf	ormation: Date://Time::	🗆 am 🗆 pm	
□ Died: / / Cause of death:			
Necropsy performed? ☐ Yes ☐ No			
If yes, where?			
Necropsy findings:			
<del></del>			
<del></del>			
	<del> </del>		
-			
⊐ Other:			

LWBS- Left without being seen