# Guideline on Veterinary Medical Record Keeping

Veterinary medical records should satisfy requirements, and also ensure that veterinary practitioners can demonstrate appropriate standards of practice.

Veterinary medical records are documentary evidence of the animal's illness, care and treatment. They serve as a basis for review and evaluation of medical care rendered.

Veterinary practitioners should ensure that veterinary records contain sufficient information to clearly identify the animal(s) and justify the clinical management and treatment.

Medical records should include:

(a) Client identification
(b) Date treated
(c) Animal(s) identification
(d) History
(e) Physical examination findings
(f) Provisional and final diagnosis
(g) Treatment options provided
(h) Treatment(s) given, prescribed or supplied
(i) Progress notes (for hospitalisation patients)
(j) Communication with the client
(k) Consent forms
(l) Other records / reports such as:
    i) Imaging reports
    ii) Laboratory reports
    iii) Necropsy reports
    iv) Specialist / referral reports
    v) Surgical record
    vi) Anaesthetic record
    vii) Dental record
    viii) Hospitalisation treatment record

## Retention of medical records

Veterinary practitioners should retain records for at least **3** years after the last occasion on which the animal received treatment.

## Client entitlement to the clinical history of their animal(s)

Veterinary practitioners may not legally be required to provide copies of the clinical record to the client under the *Veterinarians Act*. The Board's expectation is that copies of the clinical history should be provided to the client where requested, unless the practitioner has a reasonable justification not to do so.

## Transfer of records to another veterinary practitioner

The purpose for the transfer of records is to ensure appropriate ongoing care. When a request to forward veterinary medical records to another treating veterinary practitioner is made this request should be actioned after client consent has been provided. In emergency or time-dependent circumstances (such as where the second practitioner is about to commence treatment), the transfer of history may initially be verbal, in order to ensure the treating practitioner has adequate information on which to base their ongoing care.

Veterinarians should ensure that dispensing of medicines are also within the history record and labelled dispensing instructions are included.

## Provision of records to pet insurance company

When a client requires a copy of the clinical record to be provided to a pet insurance company for them to assess a claim, this request should be actioned promptly.

## Closure of practice

Veterinary practitioners should make arrangements for the transfer of all medical records to another practitioner in the event of a business closing.

## Release of records for investigation of complaint and/or legal action

Practitioners are expected to comply with a request of the Board to see all pertinent records as part of a complaint investigation. Veterinary practitioners should respond in a timely and substantive manner to all formal requests for information from the Board. It also includes copies of consent forms, hospitalisation forms etc. as well as Imaging reports, Laboratory reports, Necropsy reports, Specialist / referral reports, surgical record, Anaesthetic record, Dental record, Hospitalisation treatment records.

## Board reliance on accuracy of case notes

When a question of conflicting information arises, the Board will rely on the accuracy of the case notes. If there is no written record of the action a veterinarian says was undertaken, the Board will assume that it has not been done.

The case notes are an excellent opportunity for veterinarians to express their logic and efforts to do their best for a pet and its owner. Without them, the Board has to determine the likely chain of events, relying on the memory of a veterinarian who sees dozens of clients per day, over a client who probably saw only one veterinarian on that day.

## The case for more comprehensive records

The Veterinary Board is not the last point of call and cases can be taken to court. For this reason veterinarians may choose to keep even more comprehensive records. For example time and summaries of telephone calls, outlines of conversations in the consults, itemised written quotes (supplied to pet owners) and recorded anaesthetic monitoring would be useful. These practices may well avoid complaints in the first place. They would supply evidence of what actually happened and reduce the reliance on memory.

# Summary of statutory and professional responsibilities for upholding contemporary veterinary standards in relation to record keeping

In summary, individual veterinarians have a statutory and professional responsibility to uphold and maintain contemporary veterinary standards, which include record keeping. In turn, employing veterinarians are responsible for the standard of the clinical notes in their respective veterinary clinics.

| | |
|---|---|
| Version Control | V1 |
| Approved By | Veterinary Board |
| Last Reviewed | February 2020 |
| Next Review Date | February 2022 |