SAMPLE 24-Hour Treatment/Monitoring Record

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Client ID: | |  | | | | | | Animal ID: | | | | |  | | | | | Date: | | | | | | |  | | | | |
| Veterinarian(s): | |  | | | | | | | | | | | | | | | | Body Weight (daily): | | | | | | |  | | | | |
| Reason(s) for Hospitalization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| AM/PM Time | 12 | | 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 9 | | 10 | 11 | 12 | 1 | | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | 9 | 10 | 11 |
| Initials |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |
| T=oC |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |
| P |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |
| R |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |
| MM Colour |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |
| CRT (sec) |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |
| Attitude |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |
| Fluids (mls/hr)  Type\_\_\_\_\_\_\_\_ |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |
| Fluids in (mls) |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |
| Urine out |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |
| BM |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |
| Vomit |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |
| Food/Diet  Type\_\_\_\_\_\_\_\_ |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |
| Water |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |
| Medications |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |
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| Diagnostics |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |
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