

Hospital Name

Address

Phone Number

SAMPLE DISCHARGE SUMMARY

Date:	Veterinarian:
Client ID:	Animal ID:

Diagnosis:	
Treatment/Tests/Procedure Performed:	
Medications Prescribed:	
Exercise Restrictions:	
Diet:	
Recheck Date:	
Additional Instructions/Comments:	
Discharged by:	Initials:
Discharged to:	Initials: