



MONTHLY SUPERVISION REPORT

Case No: _____

Veterinarian Name: _____

VET # _____

Report for the Month of: (circle one)

Jan Feb March April May June July August Sept Oct Nov Dec

Instructions:

- (1) Please review the supervision agreement which includes the percentage and frequency of records that need to be reviewed.
- (2) **Make additional copies of this page and two types of Supervision Review logs to be turned in monthly (Satisfactory/Unsatisfactory).**
- (3) Fill this page completely with all up-to-date information and turn in monthly by the 5th of each month of supervision with corresponding logs.
- (4) Please fill out UNSATISFACTORY TREATMENT OR DOCUMENTATION review log for all patient 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 outcome, etc.)
- (5) Please fill out SATISFACTORY TREATMENT AND DOCUMENTATION for all patient care reviewed that was in total compliance.

The BOX below is to be filled out AFTER all necessary logs are filled out.

I HEREBY SUBMIT THIS REPORT OF COMPLIANCE AS REQUIRED BY THE VETERINARY MEDICAL BOARD AND THE TERMS AND CONDITIONS OF THE DISCIPLINARY ORDER IN THE MATTER REGARDING THE ABOVE REFERENCE PROBATIONER. I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS GIVEN HERE ARE TRUE AND CORRECT.

SUPERVISOR NAME: _____ VET # _____

PROBATIONER'S EMPLOYER OR HOSPITAL:

ADDRESS: _____ TELEPHONE #: _____

NUMBER OF HOURS YOU SPEND REVIEWING PATIENT RECORDS: PER WEEK _____ PER MONTH _____

SUPERVISOR'S SIGNATURE: _____ REVIEW DATE: _____

Supervision Review Log

UNSATISFACTORY TREATMENT OR DOCUMENTATION

Patient Name		Treatment Date	
Medical Care Provided			
Medical Records Documentation: <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) _____ _____ _____			
Comments/ Recommendations given _____ _____ _____			
Patient Name		Treatment Date	
Medical Care Provided			
Medical Records Documentation: <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) _____ _____ _____			
Comments/ Recommendations given _____ _____ _____			
Patient Name		Treatment Date	
Medical Care Provided			
Medical Records Documentation: <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) _____ _____ _____			
Comments/ Recommendations given _____ _____ _____			

Reviewing Vet Initials _____

Supervision Review Log

SATISFACTORY TREATMENT AND DOCUMENTATION

Patient Name		Treatment Date	
Medical Care Provided			

Patient Name		Treatment Date	
Medical Care Provided			

Patient Name		Treatment Date	
Medical Care Provided			

Patient Name		Treatment Date	
Medical Care Provided			

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Reviewing Vet Initials _____

Supervision Review Log

SATISFACTORY TREATMENT AND DOCUMENTATION

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Medical Care Provided			

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Reviewing Vet Initials _____

