



Registered Veterinarian Technician Monthly Supervision Report

Probationer's Name:							RVT #								
Repo	rt for t	he Month	of: (circle	e one)		In the year of:									
Jan	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec				
			Regis	tered V	eterinar	y Techı	nician Dut	ies							

Please review 5 medical records in which the RVT performed a variety of tasks under direct or indirect supervision.

Patient Name				Treatment Date	
Medical Care Provi	ded:			•	
Supervision Provide	ed: □	Direct		Indirect	
Comments:					
	Good 🗆	Satisfactory	□ Unsatisfa	ctory	
Patient Name				Treatment Date	
Medical Care Provi	ded:				
Supervision Provide	ed: □	Direct		Indirect	
Comments:					
Excellent	Good 🗆	Satisfactory	□ Unsatisfa	ctory	·····
Patient Name		Sullsluetory		Treatment Date	
Medical Care Provi	ded:				
Supervision Provide	ed: 🗆	Direct		Indirect	
Comments:					
\Box Excellent \Box	Good 🗆	Satisfactory	□ Unsatisfa	ctory	

Please include additional comments or concerns on the reverse side of this page or attach a separate page, if necessary.

Patient Name				Treatment Date	
Medical Care Provi	ded:				
Supervision Provide	ed: 🗆	Direct		Indirect	
Comments:					
□ Excellent □	Good 🛛	Satisfactory	Unsatisfac	ctory	
Patient Name				Treatment Date	
Patient Name Medical Care Provi	ded:			Treatment Date	
		Direct		Treatment Date Indirect	
Medical Care Provi		Direct			
Medical Care Provi Supervision Provide		Direct			
Medical Care Provi Supervision Provide		Direct			

An RVT may perform the following procedures only under the *direct* supervision of a licensed veterinarian:

- (1) Induce anesthesia;
- (2) Apply casts and splints;
- (3) Perform dental extractions;

(4) Suture cutaneous and subcutaneous tissues, gingiva and oral mucous membranes;

(5) Create a relief hole in the skin to facilitate placement of an intravascular catheter.

An RVT may perform the following procedures under *indirect* supervision of a licensed veterinarian:

(1) Administer controlled substances.

An RVT may perform animal health care tasks under the direct or indirect supervision of a licensed veterinarian. The degree of supervision by a licensed veterinarian over a RVT shall be consistent with standards of good veterinary medical practices.

I hereby submit this Supervision Report as required by the Veterinary Medical Board and the terms and conditions of the disciplinary order in the matter regarding the above-referenced probationer. I hereby certify under penalty of perjury under the laws of the State of California that all statements given here are true and correct.

Supervisor Name:	VET #
Hospital Name:	
Address:	
Supervisor's Signature:	Review Date:

Please add additional comments or concerns on the reverse side of this page or attach a separate page if necessary.

MEDICAL RECORD REVIEW								
OVERALL EXAMINATION ASSESSMENT								
Diagnosis complied with minimum standards.								
Treatment was necessary, appropriate, and complied with minimum standards.								
Maintained necessary and appropriate treatment.								
Maintained necessary and appropriate records and chart entries.								
Complied with existing statutes and regulations governing the practice of veterinary medicine.								
CCR SECTION 2032.3 (a) RECORD REVIEW								
Legible								
Name or initials of the person responsible for entries.								
Name, address and phone number of the client.								
Name or identity of the animal, herd or flock.								
Except for herds or flocks, age, sex, breed, species,								
Dates (beginning and ending) of custody of the animal, if applicable.								
A history or pertinent information as it pertains to each animal, herd, or flock's medical status.								
Data, including that obtained by instrumentation, from the physical examination.								
Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.								
Records for surgical procedures include a description of the procedure, the name of the surgeon, the type of sedative/anesthetic agents used, their route of administration, and their strength if available in more than one strength.								
Diagnosis or assessment prior to performing a treatment or procedure.								
If relevant, a prognosis of the animal's condition.								
All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.								
Daily progress, if relevant, and disposition of the case.								