



Registered Veterinarian Technician Monthly Supervision Report

Probationer's Name: _____ **RVT #** _____

Report for the Month of: (circle one) _____ **In the year of:** _____

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

Registered Veterinary Technician Duties

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 Provided:			
Supervision Provided: <input type="checkbox"/> Direct <input type="checkbox"/> Indirect			
Comments: _____			

<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Patient Name		Treatment Date	
Medical Care Provided:			
Supervision Provided: <input type="checkbox"/> Direct <input type="checkbox"/> Indirect			
Comments: _____			

<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Patient Name		Treatment Date	
Medical Care Provided:			
Supervision Provided: <input type="checkbox"/> Direct <input type="checkbox"/> Indirect			
Comments: _____			

<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

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 Provided:			
Supervision Provided: <input type="checkbox"/> Direct <input type="checkbox"/> Indirect			
Comments: _____			

<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

Patient Name		Treatment Date	
Medical Care Provided:			
Supervision Provided: <input type="checkbox"/> Direct <input type="checkbox"/> Indirect			
Comments: _____			

<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			

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.

