

SHOAL CREEK ANIMAL CLINIC

FRONT OFFICE MANUAL (REV 2/12)

**2226 BARNETT SHOALS RD.
ATHENS, GA 30605
HTTP://WWW.SHOALCREEK.COM
PHONE: 706-369-0962
FAX: 706-369-0950
E-MAIL: ANIMALCLINIC@SHOALCREEK.COM**

General Clinic Policies

1. Full time employment is considered to be 35 or more hours scheduled per week. Full time employees are eligible for health and retirement benefits. In addition, paid holidays and paid leave are accrued by full time employees. For specific details regarding benefits, please speak with Dr. Elder or the Office Manager.
2. Full time employees must submit leave forms to be paid for vacation or sick time taken.
3. Part time employment is considered less than 35 hours scheduled per week. Part time employees do not receive benefits.
4. Employees should check clinic e-mail at each shift. Employees should never check personal e-mail or browse the web at work.
5. Employees should turn off cell phones while at work. If you are needed in case of an emergency, please provide the clinic phone number to family and friends.

I. Receptionist Job Description

I. Position

Receptionist

II. Purpose and Scope

The receptionist is responsible for the performance of varied secretarial and public relations activities. Duties and responsibilities fall under the following categories:

- Client relations, client education, and sales
- Manual and automated file maintenance
- Daily transaction maintenance
- Maintenance and organization of business office and reception area

III. Duties and Responsibilities

A. Client Relations and Scheduling

- Answers telephone promptly and politely
- Schedules appointments
- Provides information pertaining to clinic procedures, policies, products, and prices
- Answers general pet health information questions and refers in depth medical questions to doctor or technicians when appropriate
- Records telephone messages utilizing computer software and routes to appropriate individual

B. Manual and Automated File Maintenance

- Maintains proper routing and organization of all medical files and associated documents insuring daily chart review, client/patient call backs, and completion of medical summary by doctor

C. Daily Transaction Maintenance

- Handles daily client transactions

- Reviews daily deposits matching cash, checks, and credit card slips with computer generated transaction summary insuring any discrepancies are resolved before bank deposits are made
- Makes daily bank deposits as assigned

D. Maintenance of Reception Area

- Maintains cleanliness of reception area, entrance way, and client rest room
- Enforces clinic policies in reception area

E. General

- Establishes and maintains good working relationships with coworkers, supervisors, clients, and sales representatives
- Maintains up-to-date knowledge of Shoal Creek Animal Clinic policies and procedures
- Maintains working knowledge of computer software utilized in hospital
- Is able to lift and carry 40 pounds for approximately 20 feet
- Maintains acute attention to detail and good judgment in all situations

The Receptionist is expected to be courteous and amiable, punctual, professional in appearance, maintain an organized work area, and fulfill all duties and responsibilities as described above.

Our practice philosophy: To provide the best veterinary care possible and to maintain a service attitude to our patients, clients, and one other.

Our motto: Be a lifelong learner; Pay attention to detail, Maintain a service attitude.

II. Morning Protocol

A. General Morning Protocol

1. Refer to Receptionist Start of Day Checklist.
2. Ensure appropriate computer programs are running on front office computers.
3. Check the messages and document them appropriately. The messages should then be delivered to the appropriate individuals. (See section entitled "Answering Machine/Voice Mail" under Daily Procedures.)
4. Unlock the front door and change closed sign.
5. Collect charts, etc. from doctors' "out" box.
6. Be sure front door is clean inside and out, books and magazines are straightened, and the counter is clean up front.
7. Check the rest room to be sure that it is stocked with hand soap, toilet paper and paper towels and is clean.
8. Double check that all charts have been prepared for the day (see "Preparing for the Next Day").

B. Checking in Drop-Off Appointments and Surgeries

1. Go over the reason for the visit and any vaccinations or parasite exams that are due.
2. Have the client sign a consent form. Anytime a client is given a consent form for surgery or any other potential anesthetic procedure (radiographs, feline bath, abscess, "caution" pet, etc.), they

should be told to "READ and sign" it. They need to **initial** if the pet has not eaten within the past 12 hours. If the pet has eaten, it should be noted on the consent form (When did it eat?). The consent form should be specific whenever possible, general if necessary. Wording for a general consent should be as follows: "Treatment and diagnostics as needed for XYZ" (XYZ could be vomiting or diarrhea or swollen face...basically, whatever the reason for the patient's visit.)

3. Get a phone number where the owner can be REACHED during the day and annotate this in the bottom right of consent form.
4. If the patient is being dropped off for a procedure requiring sedation, ask the client if they want their pet to be microchipped (if not already) or their nails trimmed while they are sedated. Also ask the client if the pet has been to the bathroom that morning and if they have had anything to eat or drink.
5. Fill out the chart appropriately, including any information that the client shared or any information that you shared with the client.
6. Every client should be asked about heartworm preventive (hwp) when they are being checked in unless the patient isn't old enough or an annual heartworm exam for a dog has been declined. We can not legally sell hwp for a dog that has not been tested by us within the last year. If the client requests hwp, it is our responsibility to find out what kind they want and to then write it in the record. (ex. Rx Interceptor) The technicians will fill in the remainder of the prescription when they get up the product. This is also the case with flea control. If the client isn't sure about what to get or if they want to get it at all, it is our responsibility to educate the client on the products that we offer. This means we should be very familiar with what we sell, what the products do, what age limits are for each product, and how to locate the prices for each of the products. Finally, if the client declines hwp and it has been more than 6 months since their last hwp purchase, try to find out if they are still giving it to the pet at all. If they are not giving it, or are not giving it regularly (as prescribed), remind them how important it is to maintain pets on hwp year round and make an annotation in the chart so the doctor knows to discuss it with the client.
7. Annotate the current phone numbers and address with the date and your initials in pencil by the home phone number if the date that is currently written is older than 6 months or if they just came in for the first time. If the address or phone number has changed, be sure to also update the information in the computer. If someone gives you a long distance cell phone as their home phone, ask them if they have a local number. Write "nln" (no local number) in pencil next to the cell phone if there is no local number.
8. Send the appropriate e-note back to alert a technician to come get the patient.
9. If you are checking in a patient for drop off or surgery tell the client that we will call them when the pet is out of surgery and at what time they can expect their pet will be ready to go home.

III. Daily Procedures

A. Preparing for a New Client Appointment

Any time a new client comes in, it is necessary to create a chart for the client and his/her pet(s). If the appointment is made a day or more ahead of time, the chart should be created when charts are prepared for the next day's appointments. If the appointment is made the same day the client will be seen, it is necessary to create a chart before the appointment time. If you schedule an appointment for a new client, ask them if they can provide records from their previous vet. If they misplaced or do not have their records, ask if they can give you the name and/or phone number of their previous vet.

After the appointment is made, get in touch with that veterinary clinic to get the dates of the pet's last vaccinations, any parasite exams, FeLV/FIV tests, are they on heartworm preventive?, any major medical problems, etc. The previous vet can either fax the information or it can be relayed over the phone.

B. Creating a Chart for a New Client

1. Take a blank folder out of the cabinet to the left of the Receptionist 2 computer. If the new client is bringing in more than one pet, make sure you use a folder that already has dividers in it or prepare a new one if necessary.
2. Fasten a SOAP form in the right-hand side of the chart. If there is more than one patient, do this in each necessary division of the chart. Write the date and use the "Reason for visit" stamp to the immediate right of the date. Write "PE" (physical exam) under the "reason for visit" if a doctor will be looking over the patient, and write what the patient is being seen for. If we are just doing a routine exam, "PE" alone is fine. However, if there is anything more, be sure to annotate appropriately (i.e. "PE- check ears"). Review the vaccine history (if any) and record anything the pet will need while they are here.
3. Create a travel sheet with the name of the pet, the new client's name, and date at the top and paper clip it to the front of the folder.
4. Attach the client information form and lifestyle survey for each pet to the front of the folder on top of the travel sheet.
5. When the new client comes in, he/she will need to fill out completely a client information form and lifestyle survey for each pet. Make sure that all spaces are filled in, including a reference (a current client, location, yellow pages, Internet, etc.) and an alternate work or cell phone number. The pet information (including vaccine history, birthday, etc.) should be as accurate as possible. If we haven't obtained the patient's history in advance and if the client does not have the pet's vaccine record, we need to know the name of the previous vet or clinic to be able to call and verify the vaccination history. If the client does have the record with him/her, ask if we can make a copy to keep in the pet's record.
6. Once the vaccine history has been verified (we know the exact dates that each vaccine and parasite exam were given) it should be written into the pet's information on the client information form. Out to the side of the appropriate dates, annotate that the vaccines were verified, by whom, when, and initial it. For any vaccines that we do not have any record of, write NR (no record) in the appropriate space. If a parasite exam or FeLV/FIV test was thought to

have been given but cannot be verified, write NR in the appropriate space. If the pet has never had a vaccine or test performed, write "NH" (never had).

7. Ask the client if the pet is currently on heartworm prevention and if so, which one. Then check "yes" or "no" in the vaccine history section of the information sheet. If the pet is currently on heartworm prevention write the name of it to the right of "On heartworm prevention?". If the pet is a cat, be sure to ask if the cat goes outside.
8. When the client information form has been completed, make a copy of it so that the information can be entered into the computer while the client is in the exam room. This will keep us from running behind. After the copy has been made, staple the original client information form and lifestyle survey in the left-hand side of the chart. If there is more than one pet, do this in each necessary section. (See other charts as examples)

C. Creating a Chart for a New Patient

A "new patient" (NP) is classified as a patient we have not seen that belongs to a client who has been here before. Any time a new patient comes in, it is necessary to create a chart for the patient.

1. If the client has a current chart with less than three patients inside, the new patient should be added to the chart. If the client has a current chart with three patients inside, or the client does not have a current chart, it will be necessary to create a new chart as described in "Creating a Chart for a New Client."
2. If the client's chart already has an available section inside, fasten a SOAP form to the right hand side of the section. If there is more than one pet, do this in each necessary division of the chart. Remember that each chart should not contain more than three patients.
3. If the client's chart does not already have an available section to add a patient, it will be necessary to create a new division in the chart. To do this you will need to take out the pages on the right hand side of the last section, and put them off to the side. Take a folder divider sheet out of the cabinet located in the middle of the receptionist counter. The left side of the sheet has a self adhesive strip on it. Fold this back so that the adhesive strip is facing away from you. Peel off the backing to reveal the adhesive and carefully line it up just to the right hand side of the chart's inside crease. (See other charts as examples) Now you can put the pages that were taken out of the original section and fasten them back in to the new right hand side of the section.
4. Create a travel sheet with the name of the pet, the client's name and the date at the top and paper clip it to the front of the folder. Attach a client information form for each new patient to the front of the folder on top of the travel sheet.

D. Entering a New Client in the Computer

1. In DVM Manager, click on the "New Account" Tab. A dialogue box for data entry will appear
2. Begin entry of client information. If the last name or phone number you are entering is similar to other entries, you will be prompted to check them to ensure you are not making a duplicate entry. NOTE: Data entry should be in ALL CAPS.
3. When entering the client's address, be sure to place any apartment numbers on the second address entry line so that it will print properly on reminder cards. Be sure to enter the salutation under the "Additional Information" tab.
4. DO NOT forget to include the county.

5. When entering phone numbers you should include a capital "H" beside the home number, "C" for cell, and a "W" for the work number. Tab past the "doctor" section on the first page of the client info.
6. Be sure to include the Spouse (or significant other) name in the proper area under the "Billing Info" tab.
7. Check the "Extended Info" tab and add any appropriate information as well.
8. Click "OK."

E. Entering a New Patient in the Computer

1. From the client screen in DVM Manager, click the "New Patient" Button.
2. Enter appropriate information for all tabs and click "OK."
3. Enter the pet's reminders by highlighting the pet's name and clicking the "Reminder" Button. Click the "Add" button and add the appropriate procedure. Clicking the button with the three dots will bring up a list of recall procedures to choose from. Be sure that the date entered is the DUE date as a vaccination certificate will use the date of entry as the date the procedure was performed. This will be fixed in a later version of DVM Manager but it is important to remember that if we are printing a vaccination certificate for a client, we may need to annotate the certificate with the appropriate procedure date from the medical record.
4. Be sure to enter a patient's microchip number on the "Supplemental Information" tab. Do not insert any spaces or "*".

F. Chart Review

1. Chart review is done each day. **The purpose of chart review is to appropriately document the patient's visit, to ensure that the client was notified of all due vaccinations and parasite exams, and to determine if the chart is re-filed or placed in call backs.**
2. During chart review, the following steps should be taken:
 - a. Document all vaccinations, dewormings, FeLV/FIV tests, and parasite exams that the patient received with the dates and results (for FeLV/FIV test and parasite exams) on the patient information sheet. For surgeries, be sure that the surgery sheet is completed and initialed.
 - b. Read through the write up for the visit and be sure that the TPRW (temperature, pulse, respiration, weight) is recorded appropriately. All animals must be weighed when they visit the clinic for any reason. A TPR is taken anytime an animal receives a physical exam. Also, be sure that all prescriptions are documented appropriately. For example, if the chart says "Program," the milligram dosage, the number of tablets, and instructions (ex., "give one tablet by mouth once per day") should be documented. There should be a box with a check mark and the initials of who prepared the medication at the end of the first line of the prescription annotation. For example:

Rx Program Feline 135 mg <10 lbs #6 [/] RG
Sig: Give 1 PO Q 1 MO with food.

- c. Be sure that the doctor has completely written up the record and that it didn't get placed in chart review by mistake. This is determined by reading through the chart and making sure it

comes to a logical ending, as well as looking in the margin to be sure that “SOAP” appears. “SOAP” is the format that veterinarians use to write up their visit with each patient. It stands for: **S**ubjective, **O**bjective, **A**ssessment, **P**lan. If this is missing, return the chart to the doctor with a note so that the SOAP can be written.

- d. Be sure that all vaccinations and parasitic exams are checked, initialed, and results recorded. Be sure that the vaccination map has been annotated appropriately for the vaccines given. Also be sure that the stickers from the vaccine bottles are in the appropriate place.
 - e. If an animal has been spayed or neutered, be sure to change their status on the client information sheet and write “SCAC” and the date that the surgery was done.
 - f. If an item is needing to be marked, place a post-it note on the front of the chart. If the chart is due for a call-back in the next day, put the chart in the appropriate call-back day. Do not put the chart in the doctor's box or tech box until after the call-back.
 - g. Indicate that chart review has been done by writing the date, “CR” and your initials.
 - h. If it is noted in the chart on the patient information sheet that the owner has requested that his pet only receive ITBC, fecal, or heartworm test once per year, it is necessary to change the recall date in the computer under the appropriate patient. This will ensure that the owner will receive the correct recall the next year as they requested.
 - i. Be sure that chart review is done on **all** pets in the chart.
 - j. If the doctor has recommended a recheck appointment, check the computer to make sure the appointment has been scheduled and that everything the doctor requested is noted in the appointment. If the appointment has not been scheduled, be sure to put a note in the computer several days prior to the recheck date to call the client and schedule the appointment. (See section on “Entering a Note in the Computer”) A note should also be put in the computer if the doctor wants to recheck lab work.
If an appointment has been scheduled, write a note in parentheses behind your chart review. [ex. CR/ ALD (recheck 12/22)] If it has not been scheduled, annotate the date of the note in parentheses behind your chart review. [ex CR/ ALD (note 12/19)].
 - k. An "X" through a box means that we did not do the procedure. The client wanted to do it, but for some reason it was not done. That reason should be annotated and initialed. Except for not getting enough blood to run a filter heartworm test, only the doctors should be placing an "X" in a check box.
 - l. Separate the charts into call backs and re-files and put them in their appropriate places on the file shelves. Determining if a chart needs a call back is discussed in the section “Call Back Procedures.”
 - m. If a chart reflects that lab work has been sent off and has not yet been received, the chart can be re-filed **UNLESS IT NEEDS A CALL BACK FOR ANY OTHER REASON**. If you determine that the patient will need to receive a call back, file it into the appropriate call back day. We do not want a patient to miss a call back because lab work has not yet been received.
3. You will come across lots of abbreviations while completing chart review. The following list should define most of them:

ABD = abdomen	NSF = no significant findings
A-SACS = anal sacs	NSL = no significant lesions
AS = left ear	NSR = normal sinus rhythm
AD = right ear	NVL = no visible lesions

AU = both ears	OD = right eye
BAR = bright, alert and responsive	OHE = spay
BCS = body condition score	OS = left eye
BID = twice daily	OU = both eyes
CE = client education	PE = physical examination
CL = clear lungs	PLN = peripheral lymph nodes
D = depressed	PO = by mouth
DOI = Duration of immunity	POPRX = post operative pain medication
EENT = ears, eyes, nose, throat	PRESXPE = pre-surgical examination
EOD = every other day	PRN = as needed
FHWDz = feline heartworm disease	Q = once every...
H/L = heart, lungs	Q1MO = once every month
HW (f) = filter heartworm test	RADS = radiographs
HW (o) = occult heartworm test	RX = prescription
HWP = heartworm preventive	SID = once daily
INTEG = integument (skin)	SOAP = subjective, objective, assessment, plan
LMOM = left message on machine	SSP = strong synchronous pulse
MM = mucous membranes	SX = surgery
M/S = musculoskeletal	TID = three times daily
NC = new client	TPRW = temperature, pulse, respiration, weight
NCTSX = no contraindication to surgery	TX = treatment
NCTV = no contraindication to vaccination	UA = urinalysis
NM = no murmur	URI = upper respiratory infection
NOL = no obvious lesions	UTI = urinary tract infection
NOP = no obvious problems	WNL = within normal limits
NP = new patient	

G. Scheduling Appointments

NOTE: The following guidelines should provide the necessary foundation for decision making without recourse to discussion with the doctor on duty.

1. Routine appointments can be scheduled at various times during the week with the following restrictions:
 - a. Surgeries are scheduled on Monday through Thursday mornings. Outpatient appointments may begin at 9:00 A.M. (or earlier with the doctor's approval). When scheduling a surgical appointment, be sure to give the appropriate pre-surgical instructions. (See the "Pre-surgical Instructions" section). Surgeries may be scheduled on Friday with the doctor's permission.
 - b. Appointments are generally closed from noon until 2:00 P.M. to cover lunch breaks for the staff, allow the doctor to complete all surgeries, drop-offs, and records. If a surgery is schedule, appointments should be blocked from 11:00 AM to 3:00 PM. Emergencies may be seen at any time. It is important to understand that **if the client perceives the problem as an emergency, we should treat it as such.**
 - c. In seeing outpatients within the hospital, the following priority is given: medical emergencies --> scheduled appointments --> walk in appointments.

- d. Do not make outpatient appointments Monday through Friday before 9:00 A.M. or after 5:40 PM without prior approval from the doctor.
- e. Appointments receive different time allocations. A New Client and/or New Patient always receives a forty minute time block. Multiple pets who we have seen before also receive forty minute time blocks (or longer) depending on the number of pets. Routine appointments, in which the patient has been seen before, receive twenty minute time blocks.
- f. Please be aware of the distinction between "NC" and "NP" when making appointments. "NP" is used when a person who is already a client of SCAC brings in a pet that we have not seen before. "NC" stands for new client - meaning we have not previously seen either the pet or the owner. Although we allow 40 minutes for both NC and NP, the designation is helpful in gauging the time needed in record preparation, client education, etc. Also, don't forget to tell the client that their appointment time is 5 minutes before the actual time slot in the computer. Thus, you would tell a 4:00 NC appointment that their appointment is for 3:55.
- g. We can schedule 1 surgery per day without approval from the doctor.
- h. When scheduling surgeries and drop off appointments, keep in mind how much cage space is available.
- i. All surgeries should arrive between 8:00 and 8:15 the morning of the surgery.
- j. When animals are coming in to have lab work performed, the receptionist should annotate the reason for the lab work in the appointment book as well as in the record when it is prepared. If a dog is due to have a urinalysis, be sure to ask the owner not to walk the dog immediately before their appointment when making the reminder call. Additionally, all patients having bloodwork may, at the doctor's discretion, have a physical exam performed as well so it is necessary to annotate the record with a "PE." For example:
 Jones, Davey "Fluffy" (C) - PE, CBC/SAP/UA for geriatric dental. ALD 9/29 or Smith, John "Scruffy" (F) - PE, recheck CBC after Prednisone therapy. ALD 9/29.
 IF you do not know the reason for the lab work and it can't be easily discerned from scanning the record, ask the doctor. (Remember to write the reason in the record as well.)
- k. When making routine vaccine appointments, ask the client if there are any specific problems the doctor should know about. This will help work flow as we can anticipate appointments which may require more time.
- l. If a client calls about a medical problem and wants to delay having the problem evaluated because they prefer one doctor over another, share that it is in their pet's best interest not to make the pet wait. This should be annotated in the pet's chart. In addition, if a client even gives a hint that they would prefer one doctor over the other, *always* indicate it in the appointment to avoid surprises.
- m. Whenever possible, try not to schedule a drop off for a new client or new patient without prior approval from the doctor. Exceptions for this would be for a bath. The client will have to allow enough time when dropping off to fill out any necessary paperwork and will need to allow enough time to see the doctor (if necessary) when they pick up later that afternoon. A discharge appointment may be necessary depending on the case.

- n. When scheduling a new client or new patient for an elective surgical procedure (spay, neuter, dental prophylaxis, declaw), it is necessary for the pet to be examined by the doctor during a separate appointment made prior to the date of the surgical procedure.
- o. As we schedule appointments, we need to check the physical record to see if any records are needed from other sources. For example, when a client calls to set up a surgery, we need to be sure that we have a current vaccine history on the pet. If it is a new patient or new client, we will obviously tell them while we have them on the phone that we will need a copy of the most recent vaccines or someone we can call to verify those records. If the patient has been here before, but we don't have a current vaccine history on the pet, the client should be asked when the most recent vaccines were given and asked to bring any records with them to their appointment. It is fine if they can only supply a vet/clinic name and number for us to call if that is all they have. The client should then be told that if the vaccines are past due or cannot be verified as current, *we are required by law to at least update the rabies vaccine unless the doctor says there is a medical contraindication.*
- p. If a patient is geriatric (8 years old or older) they have to have had pre-anesthetic blood work and urinalysis (senior wellness profile) within 1 month of the surgery. If we haven't done it, the pet should be scheduled to have it done at least a few days prior to surgery to allow enough time for the results to come back. If by chance the lab work has been done at another clinic within 1 month, we will need to call the clinic and have them fax the lab work to us or get copies from the client if they have them.
- q. If a client calls to set up what is normally considered to be a tech appointment, ask the client if there is anything they are needing to see the doctor for and explain to the client that the appointment they have scheduled is normally handled by the technicians. Also along these lines, if you notice that a pet is being scheduled for a tech appointment but is due or past due for annual vaccines, be sure to inform the client and ask if they want to have the vaccines updated. This way we are less likely to have any surprise doctor's appointments come from expected tech appointments.
- r. If you are unable to check the physical record while you have the client on the phone, you need to check it as soon as possible, and it should definitely be done before the end of that same day. We want to catch anything that needs extra preparation sooner rather than later.
- s. If a pet has had a previous possible vaccine reaction, the pet will need to be dropped off in the morning Monday through Friday, pretreated with an antihistamine before the vaccines are given and observed for a minimum of four hours before the pet goes home.
- t. Please remember the key items you should always get from a client while they are on the phone:
 - 1) the client's name
 - 2) the patient's name
 - 3) have we seen the patient before? (new patient?)
 - 4) if not, have we seen any of their other pets? (new client?)
 - 5) phone number (ask while you have them on the phone; don't rely on the computer or chart because it may have changed)
 - 6) age of pet if scheduling surgery (geriatric?)
 - 7) nature of appointment (vaccines? medical problem? Etc.)
 - 8) if medical problem, find out symptoms and when they started

If the person is a new client, be sure to include the following:

- 9) ask them to bring the most recent vaccine history or the name and number of the clinic/vet we can call
 - 10) be sure they know where we are located
 - 11) when telling them their appointment time, give a time 5 minutes earlier than the appointment slot you put them down for in the computer, so they will come in early to fill out paperwork (ex. Appointment is scheduled for 10:40; tell client their appointment is at 10:35).
 - 12) Tell the client that they may fill out the client information form and lifestyle survey in advance of their appointment by logging onto our website. They may then e-mail those forms or print them out to bring to their appointment.
2. The following are some examples of scheduled appointments. Please be sure you are familiar with the proper order of the information and the correct wording used.
- A new client is bringing their pet in for annual vaccines:
 NC (10:30) Smith, Mary "Fluffy" (f) - PE, any necessary vaccines, o will bring records. ALD 1/24
 706-555-1212
 - A client is bringing one pet we have seen for its annual vaccines and one pet we haven't seen for a medical problem:
 NP (10:30) Johnson, Frank "Fido" (c) - PE, dhlpp, corona, rabies 3yr, itbc, fecal, hwck. "Snowball" (f) - PE, o says losing fur on belly. ALD 1/24
 - A client is bringing their 10 year old dog in for a dental:
 Wilson, John "Chloe" (c) - geriatric dental. ALD 1/24
 - A client is bringing their dog in for pre-anesthetic bloodwork and to have the anal glands expressed:
 Cooper, Anne "Buddy" (c) - PE, cbc/sap, ua, a-sacs. ALD 1/24
 - A client is bringing their cat in to have an abscess rechecked:
 Collins, Larry "Simba" (f) - PE, recheck abscess on face. ALD 1/24
- Those were just some examples of appointments. Any number of things can be included in an appointment. Remember that a recheck appointment should specify what is being rechecked and should be scheduled with the doctor who originally saw the problem whenever possible.
3. Entering an Appointment in the Schedule:
- a. Open DVM Manager and click on the Schedule icon (looks like a calendar with the number 12 with a yellow clock face in front of it.)
 - b. If you had previously been on the appropriate client and patients record in DVM Manager, that client and patient will appear in the top of the Schedule program. If it is a different pet belonging to the same client you wish to schedule, simply click the drop down menu under "Animal" and choose the appropriate pet. If you wish to schedule a different client's pet, click on the "three dot" search button and search for the appropriate client. Highlight their name and click OK and you will return to the schedule with that client selected. However, you will still need to use the drop down menu to choose the appropriate pet.
 - c. With the client and pet displayed at the top of the Schedule Program, navigate to the appropriate day and either click the time slot you wish to schedule or click and drag if you are reserving more than one 20 minute block.
 - d. A dialogue box will appear entitled "Appointment information." Ensure that the appropriate pet has a check mark to the left of its name and then type the details of the

appointment into the work description area. The following information should be included in the work description area when making an appointment: 1) Species - (C) for dog and (F) for cat; 2) Nature of the appointment. Be sure to be specific about the appointment. For example, do not enter "due vaccs" but whatever vaccinations that the patient is due for. If the appointment is for a new patient it is OK to enter "PE, any necessary vaccines." 3) Your initials followed by the current date on any appointment that you make.

e. Click the "Contact Info" button, type the phone number to reach the client in this area and click "OK."

f. When all information is complete click "OK."

g. If the appointment is for a new client, the New Client account should be used for the appointment. Click the "three dot" search button and enter the letter "N" in the search window to bring up this account. The account has a last name of "N" and a first name of "C." Under "Animal" in the schedule program an asterisk should appear meaning the pet is unspecified. For these New Client Appointments it is necessary that you type the client and pet name(s) in the Work Description area. DO NOT enter their phone number in the Contact Information area. Instead, type it under the appointment information.

h. If the appointment is for an existing client with a new patient, simply choose the asterisk or Unspecified option from the drop down menu next to Animal in the schedule program.

i. BE SURE to also enter the adjusted time the NC or NP is to arrive for the appointment in parentheses at the start of the annotations within the Work Description section [ex. NC (10:30) - Smith, John "Fluffy" (F) - PE, any necessary vaccines. ALD 10/25]
706-555-1212

4. Deleting an Appointment from the Schedule:

a. Right click the appointment entry and choose "delete" from the fly out menu.

b. If the appointment was scheduled for today or tomorrow, it will be necessary to annotate the canceled appointment in the patient's record. You will need to cross through the appointment in the pet's chart. Write "DNKA" (did not keep appointment) on a line below the appointment in the chart. Then annotate the client communication that led to the cancellation. Do not forget to put your initials, the time and date of the communication.

5. Rescheduling an Appointment:

a. Right click the appointment entry and choose "reschedule" from the fly out menu.

b. Then, navigate to the appropriate date and time slot and click the cursor on the schedule.

c. It is necessary that you then annotate this rescheduling of the appointment in the Work Description area. Put in parentheses after the appointment "rescheduled from..." and the date that the appointment was originally scheduled. Then put your initials followed by the current date. (ex. Smith, John "Buddy" (c) - PE, check ears, O says shaking head. ALD 7/20 (rescheduled from 7/22) WVK 7/21) This shows the date the original appointment was made, the date it was scheduled for and the date it was rescheduled. Click "OK."

d. If there is a "*" in front of the phone number in the contact information section, and it is being moved to any day beyond tomorrow, you have to delete the "*" when you move the appointment. (This applies to any of the following: *, *na, *busy, *lm, *lmom.) We use these annotations to show that the client has been called to confirm their appointment. It is very important that they are not left on the rescheduled appointment unless it has been changed to tomorrow.

e. When you reschedule an appointment for ANY booster vaccine, check the patients record while the client is on the phone to be sure the new date does not exceed the four week mark from the previous injection.

- f. Finally, if the appointment you are rescheduling has a "*" in front of it, the patient's chart may already been prepared. Please notify the receptionist of any of these rescheduled appointments. If the chart has already been prepared, please annotate the client communication in the chart.
6. Entering a Note in the Computer:
 - a. Notes are put in the computer to call and remind clients to schedule recheck appointments or lab work when they are unable to schedule them at the time of the original appointment.
 - b. Notes are always scheduled in the 7:00 PM slots in the schedule program under the surgery section first (this makes them print out together on the daily schedule print out).
 - c. Notes should be entered on a day that is 3-4 days before the recheck is due.
 - d. To schedule a note, use the patient's account in the DVM Manager. Highlight the appropriate patient name, then open the schedule. Choose the day and double click an appointment in the 7:00 PM surgery section.
 - e. Example: NOTE: Call owner to schedule Fluffy's frcp#2 and felv#2 sometime this week if O hasn't done so already. ALD 10/22
 - f. Notes are to be checked each day, called and annotated in the patient's record. If the patient is due for boosters it may be necessary to move the note an additional 3-4 days forward after your first call back to try to reach the client one more time before the four week mark.

H. Last Minute Emergencies

If a pet owner shows up without calling and there is a doctor working, we will always see their pet. No patient is ever turned away.

- a. If a client calls 15 minutes before closing, tell the client that the doctor may have left for the day, but that you will check. Then inform the doctor of the problem and see if they would like the patient to be brought in immediately or taken to the Animal Emergency Hospital. Any interaction in this regard concerning a current patient of ours should be annotated in their chart and given to the doctor.
- b. If a client calls with an emergency during a busy appointment time, tell the client to bring their pet immediately and that we will work them in as soon as we can.

I. Call Back Procedures

1. Once chart review is completed, charts are separated into "re-files" and "call backs" and placed in their appropriate places on the file shelves. Charts requiring a call back are placed on the file shelf in the appropriate slot corresponding with the day that the call back should occur.
2. The purpose of call backs is to maintain contact with clients about the condition of their pet. Although each case is different, and there are exceptions to the rules, there are several general guidelines to know when a call back should take place. Several guidelines are as follows:
 - a. All patients receiving **any** vaccines or sedation receive a call back the day after their visit.
 - b. All surgical patients receive a call back the day after their surgery. However, if there are complications following surgery, a second call back may be needed.
 - c. If the doctor prescribes a medication or changes the dosing instructions for a current medication, we should do a call back after 2 days. This is to make sure the patient/client isn't having any difficulty with the medication.
 - d. Clients are also notified when lab work is received.

3. Making Call Backs

- a. Call backs can be made anytime after 10:00am.
- b. If there is no answer and no machine at their home or cell telephone number, keep trying throughout the day. If a client has indicated on the client information sheet that it is OK to call them at work, you should call them at work if you are unable to reach them at home or on the cell, or leave a message at home or on the cell.
- c. It is OK to leave a message - be sure to give your name, the telephone number, and the purpose of your call. Let the client know that if they have any questions or problems to please call the clinic. If the patient had a medical problem, ask the client to call with an update.
- d. Do not give any medical advice to the client. Any medical questions should be directed to the doctor. If questions arise, document the question in the chart, attach a post-it note to the front of the chart saying "See CB", and give the doctor the chart so that further information that is shared with the client is documented appropriately.
- e. Call backs are annotated with the date, the time, "CB", and the communication. (ex. 2/21/06 CB 11:00pm O reports that Fluffy has not vomited since her visit. She is doing great and is completely back to normal. LPF OR 2/14/06 CB 3:45pm LMOM asking o to CB with an update. LPF)
- f. If a client reports something negative during a CB or CC (CC = client communication and is used primarily when the client initiates the communication with the clinic), it is necessary to let the doctor know. If it is not an emergency, you can write up the CB or CC and place a post-it note on the front ("Please see CC or CB for Fluffy FYI") and put it in the doctor's box (the doctor who saw the patient or is treating it). If it is an emergency, write up the communication and let the doctor on duty know what is going on. It may be necessary to do further all backs based on the information that they shared with you.

J. Creating an Invoice and Receiving Payments

1. For an existing client:

- a. BEFORE creating an invoice for a patient, update the weight in DVM Manager.
- b. To create an invoice, go to the client record. Highlight the appropriate pet and then click on the "Invoice" icon (looks like a big pencil). A new blank invoice screen will appear on the screen if this is the first transaction the client has had that day.

NOTE: If a current client wants to purchase a product for a pet we haven't seen they will need to fill out an information sheet for us to add the patient in the computer. Otherwise, we can use the asterisk/Unspecified Animal option in the invoice.

- c. Be sure to choose the appropriate "provider" before entering invoice items. This is either Doctor or Staff (if the client is simply purchasing OTC products or food).
- d. Enter the appropriate code for the item, as indicated on the travel sheet (See below on travel sheets). If the code is unknown, change the entry format to "description" and type the name of the item. A list of items will appear in the search result window above that you can choose from. Using the "Enter Key" on a highlighted item will put that item in the invoice with a default quantity of 1. It will be necessary for you to adjust the quantity if more than one of that item/service was provided. Double clicking on an item in the search window will bring up a dialogue box which give you the option of entering a quantity greater than 1. The

dialogue box will default to 2 so be sure to adjust as needed. There is an exception to the way that the above operations occur -- If an inventory or procedure has a \$0.00 price attached to it, the program handles these differently in that it will ask you for the price before putting the item in the invoice.

- e. If you are entering an invoice for multiple pets, be sure to change the pet selection in the lower left area of the input screen as needed.

NOTE: Please remember to follow a logical order in entering items into an invoice. This makes it easier to go over the charges with the client at check out. As prescriptions are often prepared in the pharmacy before other charges are entered, they may, as a group, be moved to the bottom of an invoice after other items are entered at the front desk. The office visit/exam should always come before other items.

- f. Once all the items have been entered, there are several choices. 1) If the patient is a drop off or surgery and the client will be coming in later in the day to pick up the pet and pay the invoice click the "Save" button. You may print a copy of the invoice to put with the record and any other items in the "To Go Home" area on the reception desk. 2) If the client is ready to pay on the invoice, print a copy of the invoice to review with the client. After going over the invoice with the client, click the "Payment" button and follow the appropriate procedure for receiving payment. 3) If the client will be coming in later in the week to pick up the invoiced items, click the held invoice option and then click the "Save" button. You may print a copy of the invoice to put with the record and items in the "To Go Home" area on the reception desk.
 - g. If an invoice needs to be edited for any reason after clicking "SAVE," it may be reopened for editing by locating it in the "Work in Progress" folder as described above. Always exit invoices after working on them by clicking the "Save" button.
 - h. How to receive payment:
 - i. Click the "Payment" button in the invoice
 - ii. A dialogue box appears entitled "Method of Payment"
 - iii. Client, Date, Doctor, and Patient should already be filled in.
 - iv. Be sure that the "Apply To" choice selection is "Oldest Item"
 - v. In the "Method of Payment" drop down menu, choose either Cash, Check, Credit Card or Care Credit as appropriate.
 - vi. In the "Ref/Check Number" section enter the check number, if paid by check, or the type of credit card, if paid by credit. Use the following abbreviations VI = Visa; MC = Master Card; AX = American Express; DV = Discover
 - vii. If the payment amount is the entire balance due, simply click on the dollar amount displayed to the right of "Entire Balance. That amount will appear in the payment window. Click "Done"
 - viii. RARELY, a client may be paying less (or more) than the entire amount. Enter the amount paid manually and click "Done."
 - ix. NOTE: if the invoice has a \$0.00 total, the system will not take payment on a \$0.00 invoice. Simply print a copy of the invoice for the client and leave the invoice in the system. It will be "closed" at the end of the day by the program.
2. For a customer who is not a client:
(This option should only be used if, and only if, the customer is not a client.)

- a. Open DVM Manager and click on the "Cash Account" icon (looks like a small pencil with a blue dollar sign next to it.)
 - b. See section "c" above.
 - c. Once all the items have been entered, print a copy of the invoice to review with the client. After going over the invoice with the client, click the "Payment" button and follow the appropriate procedure for receiving payment as outlined above.
3. Receiving Payment on an Invoice that Was Previously Entered in the Computer:
- a. Open DVM Manger. At the top of the screen click on the "Work in Progress" icon. This will give you a list of all the current day's invoices.
 - b. Click on the invoice to which you wish to receive payment and click the "Go to invoice" button. When appropriate, compare the charges entered in the computer with the travel sheet that the doctor or technician have provided. If everything is correct, print out a copy of the invoice and go over the charges with the client. If the charges in the computer and the travel sheet don't match up, ask the doctor or technician about the charges in question.
 - c. Follow the appropriate procedures for closing the sale as outlined above.
 - d. Some additional comments:
 - i. Do not to add items to an invoice that has been previously paid earlier in the day. If a client comes in more than once in a day, each subsequent transaction should be put on a separate invoice --- assuming that the earlier invoice was paid. You should be able to easily tell if this is the case because when you click the pencil icon to create an invoice for the first visit of the day, there should be nothing in the invoice before you add items. If the client had been in earlier, their previous invoice will appear on the screen. You must then look at the lower right hand corner to see if it has a \$0.00 balance (i.e., it has been paid in full). If that is the case click on the "Activities" option in the menu and then choose "New Invoice" to create the new invoice for this subsequent visit. Receive payment as usual on this second invoice. Multiple invoices for a client within a given day are designated by divider tabs at the bottom left of the invoicing screen.
 - ii. Held invoices.
 - ❖ Most of the time, we should not be checking the box to hold an invoice. Any patient that comes in and will be leaving the same day should not have their invoice marked as held. This includes outpatients, surgeries and drop-offs.
 - ❖ The only time we will mark an invoice as held is when we know (or highly suspect) the payment will not be made that same day. For example, if a patient is hospitalized. Or, if we are getting up medications for a client to pick up.
 - ❖ Technicians should not check "held" when they are getting up drugs for a surgery or drop off as they will be going home that same day. However, it is OK to check held if Jane Doe calls in and asks us to get up some Interceptor for her to pick up later in the week.
 - ❖ At check out, every invoice that we are receiving payment on should be looked at to ensure that there is not a "held" check mark in the invoice. Basically, you can not receive payment on a held invoice because the system has been told to "hold" it. The payment you receive when the invoice is still held will create a new invoice which is simply receiving payment on the account. If this happens, as long as you unhold the original invoice before the "end of day" is run, things will balance out. However, the two invoices are a bit confusing and it is better to avoid this scenario entirely by simply looking at each invoice before receiving payment to ensure the "held" box is not checked.

- ❖ Again, it is important when you are receiving payment on ANY PREVIOUSLY CREATED INVOICE (and especially those for a patient who has been hospitalized for several days, or for some medication that has been waiting up front for some time) that you look at the invoice to see if there is a check mark in the "held" box. If so, uncheck this BEFORE receiving the payment. This will simplify the end of day procedures for the receptionists.

4. Travel Sheets

- a. Travel Sheets are laminated sheets (wet erasable), that are put on every chart of patients in/or coming to the clinic.
- b. When getting charts ready for the next day, they should be completed with the patient's name, client's name, and date. The names should always be exactly as it appears on the chart label. Do not put a different name in this spot, because the technicians use it to look up the client's computer record.
- c. When the patient comes into the clinic the travel sheet is filled out by the technician or the doctor with the appropriate items circled that apply to that visit.
- d. The travel sheet is then brought to the receptionist to create an invoice.
- e. Travel sheets of drop off and surgery appointments should *never* be brought to the front without the record.
- f. Travel sheets can be cleaned off with a paper towel and water from the spray bottle.

NOTE: When a travel sheet is brought up with a chart from a surgery or drop off, it should ALWAYS have discharge instructions circled. If it doesn't, check with the doctor immediately.

Discharge instructions are as follows:

None = no discharge unless client has questions

Recep. = receptionist to discharge

VA/Tech = Vet. assistant to discharge

Doctor = doctor to discharge

Doctor B4CO = doctor to discharge before checkout (**This is VERY IMPORTANT!**)

Don't check the client out before the doctor does the discharge if this is circled on the travel sheet! It may be necessary for charges to be added/deleted following a discussion between the doctor and the client and we do not want our clients to be surprised by their charges.

5. Credit Card Transactions

Please see section Credit Card Transaction Guide.

6. Vendor Checks

Vendors such as Purina send checks to some people for certain products. These ARE actual checks that can be used toward the payment for clinic services and merchandise. Create an invoice for the item as usual. When you close the invoice, enter the check number and amount of the check in the regular fields for payment by check. If the client is paying for the remaining balance with cash or a charge card, receive the partial payment on the invoice with the Vendor Check. Then, click the payment button again and receive a second payment on the same invoice designating the appropriate payment type and amount.

7. Coupons

Once in a while, a client will have a coupon that can be used for food or another item. When you are given a coupon, you should always look at the expiration date and look to see what the coupon is specifically used for. (ex. if the coupon is for Pro Plan adult canine chicken and rice formula in the 8-pound bag, that is the only item for which the client can redeem the coupon)

- a. Make an invoice for the item as usual.
- b. On the next item line, enter "coupon" and to display the coupon procedure code. Change the price field to reflect the coupon amount but enter it as a negative amount.
- c. Save the invoice, or receive payment, as usual.
- d. Print an extra copy of the invoice. Staple the coupon to the copy and put it in Angie's box.

NOTE: If a coupon for a free case or bag of prescription food is brought in by someone who is not a client, check with Dr. Elder to see how he wants it handled.

8. Exchanges and Refunds

Occasionally it might be necessary to refund a client's money for an unwanted product or to exchange one product for another. Refunds and exchanges can only be given if the product has not been opened or if the Doctor(s), Office Manager, or Hospital Manager says otherwise.

- Exchanges
 - a. Create an invoice for the client in DVM Manager.
 - b. Enter the code for the product being returned.
 - c. Change the number in the "quantity" field to a negative number. (ex. If the client is returning 4 cans of feline c/d, enter -4 as the quantity.)
 - d. Enter the code for the product being purchased.
 - e. The new total will be the adjusted balance due.
- Refunds
 - a. Create an open invoice for the client in DVM Manager.
 - b. Enter the code for the product being returned.
 - c. Change the number in the "quantity" field to a negative number. (ex. If the client is returning 4 cans of feline c/d, enter -4 as the quantity.)
 - d. The total will be the amount of the refund or account credit.
 - e. If giving a cash refund, click the "payment" button and then click on the total in the "Entire balance" box. This value will appear in red and within parenthesis in the "Payment amount" area. Click "Done" and refund the appropriate amount from the cash drawer. If the payment was made by check, the client will have to wait until the check clears the bank (approximately two weeks) before we can give a cash refund. In this case, print a copy of the invoice for the client and save the invoice as a held invoice.
 - f. If giving an account credit, simply save the invoice as usual, and print a copy for the client. When the day is posted the amount of the refund will be added as a credit to the client's account.

NOTE: Do not give a cash refund from a previous day's sales or a cash refund for a large sum without first checking with the practice owner.

K. Copies of Medical Records

Anyone wanting us to send a copy of their records to another vet needs to be told that there may be a processing fee for doing so. If they only want us to send or fax a vaccine history or a piece of lab work, there won't be a charge. If they want us to send a copy of the entire chart, there may be a charge dependent upon how many copies are made and what the postage is estimated to be.

The records are the property of the clinic, and the original records do not leave the hospital. Clients are welcome to request that we copy records to forward to another vet, but it takes time and money to do so.

The charges are entered under "photocopying" and "postal fees." This item does not have an allotted charge because the charges will depend on the number of copies made and the estimated postage.

NOTE: We do not send copies of entire charts to the client without the doctor's consent. We will send a copy of an entire chart to another vet clinic.

L. Pre-Surgical Instructions

1. Each day, appointments for the following work day should be called and reminded of their appointment time. Surgical appointments receive special instructions. These same instructions should be shared with the client when they schedule the appointment for surgery.
2. Pre-surgical instructions are as follows:
 - a. No food after 10:00 PM the night before. Water is fine during the night but should be taken up first thing the morning of the procedure.
 - b. They should arrive at the clinic between 8:00 and 8:15 AM the morning of the surgery. In some cases special arrangements can be made for the client to get here early or later. These special arrangements should always be checked out with the doctor before definite plans are made.
 - c. You must check with Dr. Elder before scheduling a declaw surgery. The cats that are declawed must stay overnight and throughout part of the following day. Usually all other surgeries go home the same day with some exceptions.
 - d. If a client schedules an appointment for spaying, be sure to let them know that if the animal is in heat or pregnant at the time of spay, there will be an additional charge - \$50 for cats and \$50 for dogs.
 - e. If a pet is eight years old or older, be sure that pre-surgical lab work (senior wellness profile) has been performed within the past month.

M. Answering Machine/Voice Mail

1. Checking Voice Mail Messages
 - A. If the message light is lit:
 - 1) pick up the receiver or press "sp-phone"
 - 2) press the "message" button
 - 3) enter the password (ex. the clinic voice mailbox password is 7222) and press "#"
 - 4) after each message, you will be prompted to tell the system what to do with the message:
 - b. press "1" to hear the message again
 - c. press "2" to play the next message
 - d. press "3" to delete the message
 - e. press "7" to transfer the message to another box
 - f. If forwarding, follow the voice mail instructions
 - Dr. 1 box: 101
 - Dr. 2 box: 107

- Front Office Supervisor: box 102
- Clinic (main): box 103
- Senior Technician 105

NOTE: Avoid forwarding messages whenever possible. Before forwarding a message, make sure to write down the date and time that the message was left. When forwarding the message, it will give you the option of leaving a comment. You will want to choose that option so that you can append to the message the date and time that it was left. Otherwise, the only date and time that can be heard on a forwarded message is the date and time that the message was forwarded.

If you forward a message to the doctors box, it will automatically page their cell phones with the message. If you forward a message to any box, send the recipient a Net Note to notify them.

- 5) once you have finished listening to the messages, you can just hang up the phone.
- 6) If you have to stop listening to the messages before you have finished with them, you can hang up the phone without losing any of the information.
- 7) After you have listened to all messages, be sure to annotate records as necessary and send messages as necessary. Send a Net Note message to the appropriate party when forwarding voice mail.
- 8) The voice mail system is programmed to automatically turn itself on at the appropriate closing time and to turn itself off at the appropriate time of opening.

B. If the message light is NOT lit:

- 1) pick up the receiver or press “sp-phone”
- 2) press either “voice mail 1” or “voice mail 2” button
- 3) enter the password (ex. the clinic main box password is 7222) and press “#”
- 4) press “1” to receive the old messages
- 5) after each message, you will be prompted to tell the system what to do with the message (See information listed above)

2. Voice Mail and Holidays

The voice mail is programmed to turn itself off during our regular business hours. If the clinic is closed on a day that we would normally be open (such as a Holiday), it will be necessary to set up the digital answering machine. Please see The practice owner or the Front Office Supervisor for instructions on how to do this.

3. Transferring a Caller to Voice Mail

This feature can be used to transfer a caller into the voice mailbox for Dr. 1, Dr. 2, or the Front Office Supervisor. This feature should not be used unless you are instructed to do so by the doctor. It should not be used for calls from clients unless you are told to do so. Instead, the feature should be used for calls from family, friends, drug company representatives that are dealt with on a regular basis, or calls from the UGA Vet School if the doctor is unable to take the call. If the person the caller wishes to speak with is unavailable to take the call, the caller can be given the option of being transferred to the person’s personal voice mailbox. To do so, follow the instructions below:

- a. Tell the caller you are going to transfer him/her to the person’s voice mailbox.
- b. DO NOT PUT THE CALL ON HOLD.
- c. Push the button marked “VM Transfer” on the phone.

- d. Press the button for the destination voice mailbox (ex. If the caller is being sent to Dr. Elder's box, press "VM Transfer" and then press "Doctor.") and then hang up the phone.
- e. The voice mailbox destinations are as follows:
 - "Doctor" = Dr. 1
 - "Cordless" = Dr. 2
 - "Recep 1" = Front Office Supervisor
- f. Once you have transferred a caller to someone's voice mailbox, send the person a Net Note letting them know to check their voice mailbox.

N. Message Protocol

Client communication is a critical component in any successful business. Shoal Creek Animal Clinic prides itself in this area. It is very important that phone messages be recorded accurately and be delivered promptly to the appropriate party. At SCAC, phone messages are recorded in the Net Note software program. An electronic version of the traditional, pink, "While You Were Out" message form is used. All sections of this form should be completed (see following example).

WHILE YOU WERE OUT

Date: 02/01/06 **Time:** 09:41:26

Name: John Doe

Company: ACME Pet Foods

Number: 1-800-555-1212

Message: Wants to discuss SCAC carrying their line of food. Please call. lpf

NetNote sent from Reception_2
(Press F5 to select fields)

Here are some additional guidelines to follow when taking phone messages.

1. A technique for handling phone solicitations is as follows. When someone calls for the doctor, first ask "May I ask who is calling?" After the caller identifies his/herself, you may want to say, "Mr. Doe, may I have your pet's name so I can pull the chart for the doctor." Mr. Doe may then reply that he does not have a pet here and that he is with ACME Pet Foods. This call warrants a message, not an interruption of the doctor.
2. In most situations, it is best to inform the caller that the doctor is with a patient and to take a message for him/her to return the call. The doctor usually will let the staff know if he/she is expecting an important call.
3. Always try to find out as much information as possible from the caller. If the caller is a client pull the record and annotate the client communication in the record. Place a Post-It note on the outside of the chart referencing the message (**Please see CC** or **Please see CC for Fluffy**) and place the chart in the doctor's box.

4. Always get as much information as possible. If the caller will not share any information about their call, explain to them that the doctor does not return messages without knowing the nature of the call. In the case of a client, it is helpful for the doctor to know as much as possible so that he may consider the situation before calling the client back.
5. If a caller has a medical problem, is unsure whether to bring their animal in, and wishes to speak to the doctor first, explain to the caller that it could be later in the evening before the doctor gets a chance to return the call. Therefore, they might want to go ahead and make an appointment.
6. ALL calls from clients about a medical problem for their pet that requires a doctor's call back should be given to the doctor on duty for review. For example, if Jane Doe calls about Fido's diarrhea that Dr. 2 saw a week ago and she now has a question for the doctor but Dr. 1 is in the office that day, the record should be given to Dr. 1 for review (and a possible call back). It is up to the doctor on duty to decide if the call back can wait until the other doctor is back at work.

IV. End of Day Procedures

A. General Closing Procedures

1. The voice mail will automatically turn itself on at 6:00 p.m. Monday, Tuesday, Thursday, and Friday and at 12:00 p.m. on Wednesday and Saturday. The Athens Emergency Hospital is on emergency call on evenings and weekends. Because Shoal Creek Animal Clinic closes at noon on Wednesday, the voice mail message refers clients to Barber Creek Veterinary Hospital for anything needing medical attention before the Emergency Hospital opens at 6:00.
2. Put the closed sign in the window.
3. Make sure that all appointments for the next day have been called and marked appropriately.
4. Print a copy of the schedule for the next day by clicking on the "Appointments" icon in DVM Manager (white number 1 in a dark green background). A dialogue box appears entitled "Appointment List Criteria." Choose appropriate date and time range. Make sure that "all doctors" is selected and that there is a check mark in all boxes EXCEPT "Page break between doctor" and "Show empty slots." A print dialogue window appears. Click the print icon and then close the window.
5. Close for the day. (See "Closing for the Day" procedures.)
6. Close all network programs on all computers.
7. Before leaving, make sure the front desk is in order and all charts for the following work day have been prepared (see "Preparing for the Following Day").
8. Follow the end of the day check list (See "End of Day Check List").

B. Preparing for the Following Day

1. Reminder Calls. Each day, the appointments for the following day should be called and reminded of their appointment time. When the client is reached, type a * in front of the phone number in the contact information section within the schedule program. If a message is left on the answering machine, type "*lmom" in front of their name. If a message is left with another individual, type "*lm" in front of their name. If the line was busy or there was no answer and no machine type "*busy" or "*na/nm" in front of their name. If the line is

busy or you don't get an answer, be sure to try multiple times, the last time being as close to close as possible.

NOTE: When making appointment reminder calls, be sure to mention which doctor is seeing the pet. "Hi, Mrs. Jones. This is Leanne at Shoal Creek Animal Clinic. I'm calling to remind you about Fluffy's appointment with Dr. 1 or 2 on Saturday at 10 AM." This, of course, only applies to appointments where the doctor will actually see the pet. A technician appointment, for example, might not involve the doctor at all.

NOTE: If an appointment is made for the following day, be sure to put an "*" when making the appointment so the client doesn't get an unnecessary reminder call.

2. Each afternoon, the charts for the following day should be pulled and prepared for the appointment. To prepare each chart:
 - a. Enter the appropriate date and stamp the TPRW stamp to the right of the date on the SOAP form.
 - b. Be sure that there is enough room on the page for the doctor to write his or her documentation. Please see other charts for examples. If you are not sure if there is enough room, you may use the other side of the paper if it is blank or use a new sheet.
 - c. Fill in the information at the bottom of the page as necessary (patient name, client name, and client code).
 - d. Underneath "Reason for Visit," write "PE" (**Physical Exam**) if they are having a medical problem, vaccinations involving DHP or FRCP, or are due for an annual exam. If the patient is being seen for a medical problem, be sure to describe the problem. For example, PE - check left ear, is inflamed with discharge. O noticed 3 days ago.
 - e. Look at the history sheet and identify which vaccinations and parasite exams the patient is due for (or due for within the next eight weeks). Write these items onto the SOAP form. Each vaccination and parasite exam should be on different lines.
 - f. We recommend heartworm exams every 6 months for dogs. It is required by state law at least once a year in order to prescribe heartworm prevention. For cats, we recommend heartworm exams every 12 months.
 - g. Every patient should have "HWP" listed in their list of items to ask the client about when checking the patient in unless they are too young to be on it yet. You should then be listing in parentheses the month and year the client last purchased hwp from SCAC for the patient. [ex. HWP (10/05)] It is acceptable to put "N/P" (never purchased) in the parentheses if the patient is at least 6 months of age and the owner has never purchased hwp for their pet at SCAC. If it is a patient we have never seen before, it should simply have "N/P here" in the parentheses, because the fact that they haven't purchased it from us doesn't mean they have never purchased it from someone else. Finally, puppies and kittens should have "Start HWP" listed with their final set of boosters. It is not appropriate to put "N/P" because the reason they haven't had it before was not due to a decline from the client, but rather due to their age. Please be sure you understand the differences.
 - h. Attach a properly filled out travel sheet to the chart.
 - i. If a consent form is needed, fill out the appropriate information and attach to the chart.

- j. If the appointment is for a surgical procedure, insert a surgery report sheet and anesthesia monitoring form in the chart under the SOAP form and fill in the appropriate date, client name, and patient name.
- k. If the appointment is a drop off appointment, prepare a cage card for that patient. If the patient has a "CAUTION" note in their medical record, be sure to place a highlighted "C" on their cage card. The purpose of this is to inform the medical staff of the patient's temperament so that they can take appropriate steps based on the services requested. For example, if a "caution cat" is coming in for lab work, we would not put water in the cage initially as they may need to be sedated.
- l. For animals that are strays that have yet to be seen by a vet, there are quite a number of things that we recommend (and some that we require) for the initial visit. Don't forget to write the necessary items if the animal is also being spayed or neutered (PreSxPE, PreSxLab, OHE or Neuter, POPRx, nail trim, and microchip).
- m. Before leaving each day, be sure all charts for the following day's appointments have been prepared and placed on the front desk.

C. Closing the Day

1. Make sure that no one else in the clinic is using DVM Manager BEFORE starting the closing procedures.
2. Check the held check envelope to be sure that there are no held checks to be deposited for the day. (If so, receive these payments on the client's account by clicking on the "Receive Payment" icon (large blue dollar sign) and following the standard protocol for receiving a payment.
3. Click on the "Held Invoice List" report icon (blue number 8 in a green background) and review all of the held invoices. You should know why they are being held and what action is to be taken for each of these - call to remind to pick up medications, holding for client to come in and pay, ask doctor, etc. You may print a copy of this list if needed for reference.
4. Click the "Closing Choices" icon (looks like an unrolling scroll of white paper). A dialogue box appears entitled "Select Day End Operator." Ensure that "all operators" is selected under "Process and close transactions for..." and ensure that the current date is present under "dated on or before..." There should not be a check mark next to "Print Activity Summary Only." Click "OK."
5. Now, the end of day procedure icons should no longer be grayed out but clearly visible to the right of the "Closing Choices" icon.
6. Click the "Day Sheet" icon (blue number 3 in a yellow background). A dialogue box will appear entitled DVMMGR which reads "All transactions on or before (current date) will be included. Closing choices for hospital 1 only." Click "OK."
7. The Daily Transaction Log will appear in a print dialogue window AND another dialogue box will appear entitled "Daily Income Summary - Options." There should NOT be any check marks in any of the options within this dialogue box. Click "OK."
8. The Daily Income Summary will be generated and appear in a print dialogue window. This window can be closed by clicking on the "X" in the upper right hand corner.
9. Go back to the Daily Transaction Log print dialogue window and review all of the transactions to ensure that all invoices (other than held invoices -- you can use the print out you made earlier for reference) have been paid; that is, they have a \$0.00 balance. If a payment on an invoice was

not received earlier in the day, go to that invoice by clicking on the in process folder icon (a letter P in a manilla folder) and receiving the payment appropriately.

10. After ensuring that all appropriate invoices have received payment, it will be necessary to repeat the Day Sheet generation before moving ahead if you had to change anything. That is, repeat steps 6, 7, and 8 above. You should quickly review the Daily Transaction Log again to make sure it reflects any corrections you made and then close all print dialogue windows.
11. Click the "Cash Drawer Report" icon (a blue number ? in a yellow background). A dialogue box appears entitled "Cash Drawer Selection Criteria." Make sure that "All Cash Drawers" is selected and click "Print." Print the report and use it to correlate with the receipts (cash, check, and credit cards) and balance out the cash drawer. This report is considered our "Day Sheet" (although there are a few more steps before the end of day procedures are complete).
12. Preparing the Deposit
 - a. Be sure all checks are stamped appropriately (on the back and in the "Pay to the Order of _____" line).
 - b. As a double check, match the checks to the entries on the Check Payment section of the Day Sheet and place a check mark to the right of each matching amount. Then, add up all checks on the adding machine, and subtotal it. This total should match the check payment total amount on the Day Sheet under the "Check Payment" section. If it matches, initial the Day Sheet to the right of the Check Payment Total amount.
 - c. Take the appropriate amount of cash out of the cash drawer. The amount can be found on the Day Sheet under the "Cash Payment" section. Add this to your check subtotal and print the totaled receipt. Staple the adding machine tape to the bottom left corner of the Day Sheet.
 - d. Fill out the deposit slip for the bank. The cash should be listed on the "currency" line. Change should be listed on the "coin" line.
 - e. All checks should be listed separately, and the client's name should be written to the left of the check amount.
 - f. The grand total of the cash, coins, and checks should be written in the "TOTAL" box and then rewritten in the section to the left. The number of checks should be written in the box next to "Total Items." In addition, write the total for the cash and check portion of the deposit on the Day Sheet at the bottom of the page.
 - g. Separate the deposit slip and its duplicate. The yellow duplicate sheet should be stapled to the back of the upper left corner of the Day Sheet.
 - h. The cash, coins, checks, and deposit slip should be placed in a deposit bag.
 - i. Add up the cash in the cash drawer using the adding machine. The total amount should add up to be \$100. If the total does not add up to \$100, you need to notify the Office Manager. Staple the printout to the bottom right hand corner of the Day Sheet.
 - j. As a double check, match the credit card slips to the entries on the Credit Card Payment section of the Day Sheet and place a check mark to the right of each matching amount.. Then, print out the credit card totals by pressing the the "Reports" button on the machine, then press 4, then ENTER.
 - k. Compare the grand total on the credit card batch report print out to the Credit Card Payment Total under the Credit Card Payment section of the Day Sheet. If the two match, initial to the right of the total amount on the Day Sheet.
 - l. If the credit card grand total matches, you will need to transmit the credit card batch by pressing "Settle", then ENTER. You will then enter the passcode "0000" and hit ENTER. If the total is correct, hit ENTER. If the refund total is correct, hit ENTER.

- m. Once the batch has been accepted and the report printed, you will tear the report off the printer. Attach this print out on top of all of the individual credit card receipts by stapling them together. Paper clip this across the top of the front of the Day Sheet.
- n. Check the cash drawer to be sure that it has plenty of change. If change is needed, write it down. Be sure that you have the correct total to change out. Put the sheet and the money you are changing in the deposit envelope.
- o. AT THIS POINT, BEFORE ACTUALLY GOING TO THE BANK TO MAKE THE DEPOSIT, YOU MAY COMPLETE THE END OF DAY PROCEDURES IN DVM MANAGER -- GO TO STEP 13 BELOW.
- p. Make the deposit at the bank and get any necessary change for the cash drawer.

NOTE: When the deposit is taken to the bank, ALWAYS be sure that the deposit slip total matches the total on the deposit receipt that the bank gives you.

13. Click the "Deposit" icon (looks like a black bird cage with a blue arrow going into it). A dialogue box will appear entitled DVMMGR which reads "All transactions on or before (current date) will be included. Amounts include hospital 1 only." Click "OK."

14. The "Deposit and/or Reconcile" dialogue box appears.

- a. ensure proper date and operator and that Beginning Cash Balance is \$100.00
- b. Highlight the "Total Current Cash" by clicking on that line and then select "Cash/Check Deposit" in the "Entry Type" drop down menu. Enter the proper amount in the amount area. Click "Next Entry."
- c. Also enter the "Total Checks" with "Cash/Check Deposit" selected in the "Entry Type" drop down menu. Enter the proper amount in the amount area. Click "Next Entry."
- d. Select "Credit Card Deposit" in the "Entry Type" drop down menu. Enter the proper amount in the amount area. Click "Next Entry."
- e. The "Over/Short" amount should be \$0.00 and the "Ending Cash on Hand" should be \$100.00.
- f. Click "Save."

15. Last Step -- yay! Click the End of Day icon (brown letters Eod). A dialogue box appears entitled DVMMGR which reads "Transactions for today will be added to the statistics for (Current Month, Year). Are you certain you want to run end of day close?" Click "OK."

Several dialogue boxes will appear and disappear. The process may take several minutes. At the end, a dialogue box appears entitled DVMMGR which reads "Day end processing is complete." Click "OK" and you are finished! Close DVM Manager and go home!

V. Periodic Procedures

A. Deactivating Clients/Patients

1. Charts (the physical medical records) are deactivated for the following reasons:
 - a. Owner moves
 - b. Pet is deceased
 - c. Owner switched to another vet clinic
 - d. Owner gave pet away
 - e. Pet was seen on emergency when SCAC was taking call for another doctor.

2. When is it appropriate to delete a client/pet record from the computer database? **NEVER!**

1. Deactivating a Record

If a single pet from a multiple pet chart is being deactivated:

- a. Double click on the patient's name to open the patient information dialogue box. Place a check mark next to "Inactive" and click "OK."
- b. Check the lower right hand corner of the patient's information sheet for a circled letter R indicating that radiographs have been taken of this animal. If there is not an R, check the treatment history for the patient being deactivated by highlighting the patient name in DVM Manager and then clicking the "History" button to the left. Scroll through the list of treatment items to see if radiographs were ever taken. If so, place a circled "R" in the bottom right corner of the pet's information sheet.
- c. Take the patient's chart apart, and staple the client/patient information sheet on top of the medical records. Make sure that all postcards and urinalysis forms are moved over to the left, so they will be caught in the stapled corner and won't fall out. On the client/patient information sheet, in the lower right side of the sheet to the right of the vaccines, write "Deactivated," the date, the reason for deactivation and your initials. The Deactivation date and reason should also be written in the "Notes" section under the "Other Information" tab of the patient information dialogue box. Access this box in DVM manager by double clicking the patient's name and then clicking on the third tab, "Other Information." It is only necessary to make an annotation if the reason for deactivation is something other than the pet being deceased.
- d. PLEASE NOTE: If the patient record is being inactivated because the patient is deceased, be sure that marking the pet as deceased in the computer is the VERY LAST thing you do as this will remove recalls (and some other types of information) from the computer record. To mark a pet as deceased, highlight the patient name and from the "Activities" menu select "Mark Patient Deceased." Most will already be marked as deceased as DVM Manager prompts one to mark this change when a euthanasia code is entered and saved in an invoice. In the case of a deceased pet, after properly changing the patient status in DVM Manager and deactivating the physical record, enter the client and pet into the current quarterly donation sheet (under "Deceased List" in the top drawer of the front office filing cabinet). Then choose an appropriate card, envelope, and sympathy insert and paper clip these to the record. (See section G, "Deceased Animals.") Write "Deceased List" with a check box next to the current date in the chart and initial it once the deceased list has been filled out. Under that write "Sympathy Card" with a check box for the doctor to initial once the card has been written.
- e. Put all deactivated records in Dr. Elder's box. Once he has seen them, put any records with the circled "R" for radiographs in the box of the technician who is responsible for deactivating radiographs. Once they pull all appropriate radiographs to be made inactive, the deactivated record can be filed in the filing cabinet behind the front desk.

If a client's only pet is being deactivated or all of the pets under a client are being deactivated:

- a. Go to DVM Manager and locate the client's record.
- b. Double click on the Client Name tab at the top of the screen to bring up the client information dialogue box.

- c. Click on the last tab, "Status Info."
- d. Remove the check mark from the "Checked Only" box. A list of options to be checked will appear to the right.
- e. Remove the check mark next to "Active," or "New" if a recently entered client, and place a check mark next to "Inactive."
- f. Click "OK."
- g. All patients within the client's computer record should also be marked inactive. (See procedure outlined above.)
- h. In the notes section under the "Extended Info" tab of the client information dialogue box, "Deactivated," the date, the reason for deactivation (ex. O has moved out of state), and your initials. Then click the "OK."
- i. Check the treatment history for each patient being deactivated to see if radiographs were ever done. If so, make sure there is a circled "R" in the bottom right corner of the information sheet.
- j. Take each chart apart, and staple each client/patient information sheet to the top of its individual medical record. (Make sure that all postcards and urinalysis forms are moved over to the left, so they will be caught in the stapled corner and won't fall out.) On the client/patient information sheet write "Deactivated," the date, the reason that the chart is being deactivated and your initials in the area on the right side of the sheet across from the vaccines.
- k. Put any records with the circled "R" for radiographs in the box of the technician who is responsible for deactivating radiographs. Once they pull all appropriate radiographs to be made inactive, the deactivated record can be filed in the filing cabinet behind the front desk.

See the subsequent section for information on dealing with deceased patient records.

B. Transferring and Combining Patients in the Computer

1. Transferring a patient from one client to another is necessary when a new owner takes ownership over a pet who is currently seen at SCAC. If a new owner is picking up an AAHS cat the combining a patient method should be followed.
2. The following steps will allow you to transfer or combine patients:
 - a. First be sure that the new owner has been entered in the computer.
 - b. Go to the client screen of the previous owner or AAHS and highlight the animal that is to be transferred or combined.
 - c. Select Transfer or combine a Patient from the Activities pull down menu.
 - d. A dialogue box will appear entitled "Select the Destination."
 - e. To set the Transfer or combine patient effective as of: date, accept the default of today's date.
 - f. Enter the Destination Account. Use the "three dot" browse button to find the account to which you wish to transfer the patient.
 - g. Click "OK" to proceed with the transfer or combine patient. You must enter an explanation of why the transfer is being performed for audit purposes in the dialogue box that appears, then click "OK." Record of the transfer and the reason will appear in the patient's history.
3. The physical records should then be transferred as well.

C. New Client and Referral Thank You Cards

1. New Client Cards

- a. The new client list should be printed each Monday for the new clients that first visited the Saturday before last to the last Friday before the Monday on which they are printed.
- b. To print the list, from the "Report" menu in DVM Manager, select "Client reports." Choose "New Clients" from the fly out menu. Enter the date range and click "OK." The "New Client Report" print dialogue window appears. Print the report and close the window. Currently, it is necessary to look up each client individually to obtain their mailing address.
- c. Use the list to send cards to each new client on the same day that the list is printed. Be sure to use to appropriate salutation when addressing the envelope. The salutation for a client may be found in the physical record or under the "Extended Information" tab in the client information section of DVM Manager. Use a "Welcome" card with the following message preprinted inside:

*Thank you for becoming a client!
We look forward to helping you
keep your companion in the best of health.
Please feel free to call us with any questions
about your pet's health and well-being.*

- d. Sign the card, "The Doctors and Staff at Shoal Creek Animal Clinic."

D. Food Order Log

1. The food order log is for special orders of sizes or varieties of pet food that we do not readily keep on hand in the clinic. Clients should place their orders by Monday morning in order to get their food by that Thursday.
2. The log sheet is at the receptionist counter and is marked "Food Order Request Sheet."
3. If you take a special food request from a client, write down the date the request is placed, the client and pet's name, their phone number and exactly what food is requested including the size and whether it is feline or canine formula. Please do not write anything in the "Date Ordered" column. This is to be filled out at the time the order (not the request) is being made. Please see the food order sheet for examples.

E. Bulk Mailings

1. Reminder Cards

Reminder cards should be printed and mailed the first of the month. The reminder cards are printed on the dot matrix printer located in the pharmacy. They can be found in the storage benches in the receptionist area.

To print reminder cards:

- a. Feed the reminder cards into the printer with the picture side down.
- b. Open DVM Manager and go to the main client screen. Click on the top menu bar labeled "Reports" and select "Reminders."
- c. A dialogue box appears entitled "Select Output Style." Choose "Portrait - 3 per page" from the "Output style" drop down menu. Ensure the "Periodic Message" is set to GENERAL REMINDER MESSAGE and then click "OK."
- d. A new dialogue box appears entitled "Select Reminder Criteria."
- e. Select the date range (current month and both the preceeding and following months).
- f. In the upper half of the dialogue box, put "R" in the blank next to "and exclude clients with these statuses".
- g. In the lower section of the dialogue box, check to make sure "one patient per card" is not selected. You can check sort by Zip Code if you like but this is not necessary for monthly reminders as we do not use bulk mailing to mail them. "
- h. Click "Print."
- i. The "Reminder Card" print dialogue window will open. Print cards from this window. Depending on how many pages there are to print, it may be necessary to print in small batches and add more reminder card sheets to the printer as you go.
- j. After printing the cards, separate them. Be sure to pull out any current employee cards. Also, check the cards for any deceased pets or pets that are at "low risk" for a vaccine. Place a postcard stamp on them. They can be wrapped with rubber bands and placed with regular mail. The postal worker will take them to the post office.

F. Euthanasia Protocol

1. Appointments for euthanasia should be placed in the first or last slot of the morning or afternoon (i.e. 9:00a, 11:40a, 2:00p or 5:20p) unless the doctor states otherwise.
2. New client euthanasia appointments should be told the doctor will need to evaluate the pet and speak to the client prior to euthanasia. Paperwork will also have to be filled out.
3. Always try to determine prior to the appointment if:
 - a. the client wishes to be present for the procedure
 - b. the client wants us to handle the aftercare.
4. If the client does not want to be present, the pet can be dropped off any time during regular business hours, but they will have to let us know what the aftercare arrangements will be, sign a euthanasia consent form and take care of the charges before they leave unless the doctor says otherwise. In other words they cannot just drop the pet off and leave.
5. The cost of euthanasia is based upon the weight of the pet, whether the client is present for the procedure and what aftercare is chosen.
6. If a dog or cat's remains are going home with the client to be buried, they will be sent home in a cardboard coffin.
7. Anyone who is having an animal euthanized is required to sign a euthanasia consent form. The only exceptions to this would be at the discretion of the doctor.
8. If the client wants to use Deceased Pet Care for cremation, fill out a request form in the filing cabinet (with euthanasia consent forms). Fax the white copy to Deceased Pet Care and place the form on top of the freezer. The yellow copy is placed in the patient's file. The pet's

remains will be brought back to the clinic for the client to pick up. Call the client to let them know that the remains are here.

G. Deceased Animals

The following procedure should be followed when a patient dies or is euthanized:

1. Pick out an appropriate card with a sympathy insert and give it to the Doctor that handled the case. The card should be put with the record in the Doctor's box.
2. Mark the patient deceased in the computer (if not already marked). Deactivate the pet's chart as explained in the section "Deactivating a Record."
3. Write the client and patient information very neatly on the Deceased List, located in the filing cabinet.
4. When the list is full, make a copy to put in the folder labelled "Companion Animal Fund". Place the original in the Office Manager's box.

H. "To Go Home" Items

The charts that are put in the "to go home" section on the reception desk should be checked at the end of each day. If the chart is in need of chart review or a call back, it should be done. If the chart has medication that is supposed to be picked up the client should be called and reminded that the medicine is here at weekly intervals until it is picked up. The calls should be annotated in the chart.

I. Reissuing a Rabies Tag

In certain cases, it may be necessary for a client to get a new rabies tag for their pet. We can do this for a small charge as long as the vaccine is still current and the vaccine was given here. If the vaccine was given somewhere else, we cannot issue a rabies tag without first giving the vaccine. The client will not be able to receive a tag with the same number that was previously given because we do not have duplicate numbers. Therefore, the client will receive a new tag and a new rabies certificate.

1. Go to the pet's record in DVM Manager and from the "Activities" menu choose "Rabies Tag." Annotate the last vaccination date, the previous tag number, the vaccine serial number (and the vaccine manufacturer and type if different from that in current use).
2. Create an invoice for the pet.
3. Change the date in the lower left corner of the invoice to the original vaccination date. The system will ask if you really want to do this...choose "yes."
4. Enter the appropriate inventory description:
REISSUE RABIES TAG 1 YEAR or
REISSUE RABIES TAG 3 YEAR
5. When prompted for the Rabies tag information, enter the new tag number (of the appropriate type - 1 year vs. 3 year) with a capital letter "R" appended to the end of the number. Be sure to use the same year rabies tag, that the original rabies tag was issued. Example: 3-05421R. Also, enter the serial number for the original vaccine administered. (Change the vaccine

manufacturer and type if necessary.) Change the date to match the original vaccination date. Click "OK."

6. Double click on the item description in the invoice and add a note as follows -- "Reissued tag 6/15/06. RA" (Of course, with current date and your initials.)
7. Save invoice or receive payment as usual.
8. A new certificate can be printed which will show the new tag number.

J. Deworming and Heartworm Preventive Guidelines

1. Before it is legal for a doctor to write a prescription, state prescription law requires a valid doctor/patient/client relationship and any diagnostic testing necessary to determine if prescription is warranted. This includes, but is not limited to, the sale of antibiotics, pain medications, steroids, sedatives, prescription dewormers such as Drontal, Drontal Plus, and Droncit, and all heartworm preventives.
2. When we have a "valid doctor/patient/client relationship," it means that we have performed a physical exam on that animal within the last calendar year.
3. If a client calls and says that they have seen tapeworms in their pet's feces (worms that resemble grains of rice), they must have had both a fecal and a physical exam within the last calendar year in order for us to dispense the appropriate dewormer. If they have had both a physical exam and a fecal in the last year, it is not necessary for us to see the pet unless there is another medical condition going on. If the pet has not had a fecal exam and physical exam in the last year, the client will have to bring their pet for these procedures before we can dispense any medication.
4. In order to prescribe heartworm preventive it is necessary for us to have done a physical exam and a heartworm exam in the last calendar year (though we recommend a heartworm exam every six months). For new clients this will occasionally result in animals needing a heartworm exam a few weeks or months after last having a test. Heartworm preventive is so important in Georgia for a dog's health that we do not want anyone to postpone buying preventive until their animal is due for another test. For this reason, if a new client wishes to buy heartworm preventive for an animal that has had a verifiable negative test at another clinic within the past six months we will offer them a heartworm test at no charge. Ask Dr. Elder if there are any questions regarding filling a heartworm prescription for a patient.
5. Cats only need to have a physical exam in the last year in order for us to dispense heartworm preventive. It is not necessary to have done a heartworm exam for a cat in order to dispense heartworm preventive, though we recommend the test annually.
6. If a client or non-client is needing dewormer for roundworms for a litter of puppies or kittens, we do not require that they fill out paperwork or have the pets evaluated. We do need to know the approximate weights of each pet in order to dispense the appropriate amount of dewormer. This also applies to adult pets needing dewormer for roundworms, but a fecal is recommended to check for any other parasites that may be present.

K. Prescription Regulations for Drugs and Food

1. The Georgia Veterinary Medical Association released the following statement in regards to prescription drugs:

“Veterinarians are required by Georgia Pharmacy Law to write prescriptions and retain copies of these prescriptions for all prescription drugs dispensed in their practice. Georgia law also prohibits a veterinarian from dispensing medication for animals that have not been examined by that veterinarian and prohibits a veterinarian from dispensing refills without a bonfire veterinarian/client/patient relationship....Any inconvenience that clients may experience from these regulations is deeply regretted.”

Reference: Official Code of Georgia Annotated Sections 16-13-41, 26-4-4, 26-4-85, and 26-4-116 amended.

1. Several general rules for prescription medication are as follows:
 - a. The doctor can only provide a prescription drug to a patient if he or she has seen that patient and evaluated its condition.
 - b. Heartworm Preventive is a prescription drug. Although heartworm checks are recommended every six months, the patient need only have a heartworm check within the past calendar year to receive heartworm preventive. The heartworm check must have been performed at Shoal Creek Animal Clinic. (There are a few exceptions to this are discussed in the previous section)
 - c. Refills for prescription medications must be approved by the doctor, with the exception of Flea Products and Heartworm Preventive.
 - d. If a client reports observing intestinal parasites, prescription deworming medication can be dispensed if the patient has had a physical exam and a fecal exam within the past twelve months. If a fecal exam has not been performed within the past twelve months, the owner can bring in a sample or bring the pet in so that the technician can obtain a sample from the animal.

3. Prescription Food Protocol

The FDA considers diets developed for the treatment of specific medical problems to be prescription drugs and it is therefore a violation of Federal and State pharmaceutical law to dispense them without a valid doctor-patient relationship.

Rationale: The prescription pet foods are manufactured and marketed to be useful in treating specific disease conditions. These foods can change physiologic function and can be dangerous if they are fed inappropriately. For this reason, the FDA regulates them as they do other prescription drugs. Federal law states that these foods can only be sold within the context of the doctor-patient-client relationship.

The minimum requirement for a valid relationship is a physical exam by one of our doctors within the last year. Therefore when clients call or stop by for food, check the record for the date of the last physical exam. When the date is getting close, please mention the need for a current exam. If a person stops by who is a client of another clinic, please explain to them that we can sell the food once but we cannot continue to sell them food without establishing a relationship with them and their pet. If they wish to buy food regularly from us, they will need to be seen. We will honor any lab work from another clinic.

No one should be allowed to purchase prescription food from us without permission from their regular veterinarian. If a person comes in to buy prescription food from us, you are required to

open an invoice in the client's name under the appropriate pet. If the person doesn't have a file, it should be a red flag to you that we cannot sell them food until we verify it with their regular vet or see them ourselves.

The exception to this is if another local clinic calls and asks if they can send one of their clients in to purchase a particular food that their clinic does not currently have..

L. Protocol for Written Prescription Requests

1. We do not encourage the use of Internet and mail order pharmacies based upon the information that the representatives from the pharmaceutical manufacturers have shared with us.
 - a. The manufacturers do not sell directly to pharmacies - only to licensed veterinarians. Therefore, any of their products sold on line must have been diverted.
 - b. Because they can not guarantee the chain of distribution, the manufacturers do not guarantee products sold through Internet or mail order companies.
2. It is a client's right to purchase their medications from whomever they desire, and we have and will always provide a written prescription for clients if they wish. However, the pet must have a valid doctor-patient relationship (have been seen by the doctor and had a heartworm exam at SCAC within the last calendar year). We can only provide prescriptions for one year's worth of preventive between annual visits.
3. If you receive a call or fax from an Internet or catalog company, you are not permitted give them any information about a client or their pet. Therefore, you CANNOT verify whether the patient is current on their heartworm test or any other information. Simply tell the caller that you are not permitted to give out a client's personal information and you will contact the client to discuss the matter with them.
4. We do not ever fax written prescriptions to other sources. If a client wants a written prescription and their pet has had a heartworm test here in the past calendar year, we will write it for them. The client will have to pick the written prescription up at the clinic and will have to mail it to the Internet or catalog company of their choice.
5. Pharmaceutical laws are different in each state. Many of them do not accept faxed prescriptions at all, so remind the client not to let their product run out before they send off for a refill. It may take some time.
6. If a client requests a written Rx, it is your responsibility to explain why we do not recommend purchasing from these companies and what the requirements are if they still want to get the written Rx. This should all be annotated in the patient's record. The written prescription should be signed by the doctor on duty, and a photocopy of the finished prescription should be put in the patient's chart. The client will then have to send the written prescription to the company of their choice.
7. We can only write a prescription for enough heartworm prevention to get the pet to their next annual heartworm exam. (For example: A client had their pet on Interceptor that he purchased from us at the time of the annual test, and he wants to get a written Rx for the next pack. He doesn't want to do the six month test. We can only write a prescription for a six month supply.)

M. Prescription Refill Protocol

Protocol for annotating prescriptions filled in-house

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|---------|-----------------------------|--------|--|
| 1/10/03 | Rx Levothyroxine 0.8 mg #30 | ✓ JB ● | Doctor writes out prescription, indicating number of refills, circles those refills at which he/she needs to review, and specifies renewal requirements at end of refills. |
| | SIG: ½ P.O. BID | | |
| | Refills: 3 ② 1 PE, T4 | | |
-
- | | | | |
|---------|-----------------------------|--------|--|
| 1/10/03 | Rx Levothyroxine 0.8 mg #30 | ✓ JB ✕ | |
| | SIG: ½ P.O. BID | | |
| | Refills: 3 ② 1 PE, T4 | | |
-
- | | | | |
|---------|-----------------------------|--------|--|
| 2/11/03 | Rx Levothyroxine 0.8 mg #30 | ✓ JB ● | Receptionist receives call from client requesting their first refill, looks for most recent orange dot (without an "x"), identifies if refill is OK, writes out prescription exactly as doctor did originally, places an "x" through previous orange dot, places record in pharmacy for technician to fill. Technician fills as usual and places an "x" through the first refill in the newly copied annotation. |
| | SIG: ½ P.O. BID | | |
| | Refills: ✕ ② 1 PE, T4 | | |
-
- | | | | |
|---------|-----------------------------|--------|--|
| 1/10/03 | Rx Levothyroxine 0.8 mg #30 | ✓ JB ✕ | Receptionist receives call from client requesting their second refill, looks for most recent orange dot (without an "x"), identifies if refill is OK and notes that doctor must review, copies out prescription exactly as before, places an "x" through previous orange dot and carries over any "x" the technicians have previously made, places record in pharmacy for technician to fill. Technician fills as usual and now places an "x" through the second refill. Tech places record and Rx on doctor's desk for review. Doctor takes record and Rx up to front desk. |
| | SIG: ½ P.O. BID | | |
| | Refills: 3 ② 1 PE, T4 | | |
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- | | | | |
|---------|-----------------------------|--------|--|
| 2/11/03 | Rx Levothyroxine 0.8 mg #30 | ✓ JB ✕ | |
| | SIG: ½ P.O. BID | | |
| | Refills: 3 ② 1 PE, T4 | | |
-
- | | | | |
|---------|-----------------------------|--------|--|
| 3/17/03 | Rx Levothyroxine 0.8 mg #30 | ✓ JB ● | |
| | SIG: ½ P.O. BID | | |
| | Refills: ✕ ② 1 PE, T4 | | |

Protocol for annotating prescriptions filled in-house

1/10/03 Rx Levothyroxine 0.8 mg #30 JB 
SIG: ½ P.O. BID
Refills: 3  1 PE, T4

2/11/03 Rx Levothyroxine 0.8 mg #30 JB 
SIG: ½ P.O. BID
Refills: 3  1 PE, T4

3/17/03 Rx Levothyroxine 0.8 mg #30 JB 
SIG: ½ P.O. BID
Refills: ~~X~~  1 PE, T4

4/10/03 Rx Levothyroxine 0.8 mg #30 JB 
SIG: ½ P.O. BID
Refills: ~~X~~  ~~X~~ PE, T4

O. informed of renewal requirements - ALD 8:50PM

Receptionist receives call from client requesting final refill, looks for most recent orange dot (without an "x"), identifies if refill is OK and notes that this is last refill and a PE and T4 are needed before Rx can be renewed, informs client of Rx renewal requirements and annotates this communication, copies prescription exactly as immediately before, places an "x" through previous orange dot carrying over any "x" the technicians have previously made, and places record in pharmacy for technician to fill. Technician fills as usual placing an "x" through the final refill number.

NOTE: It is the doctor's responsibility when writing prescriptions to place an "x" through any invalid remaining Rx notations.

Protocol for annotating prescriptions called in to a pharmacy or written out on prescription pad

1/10/03 Rx Levothyroxine 0.8 mg #30 RA ●
SIG: ½ P.O. BID
Refills: 3
B.S. Rd. Kroger 354-7890

Doctor writes out prescription, number of refills, renewal requirements (if any), circles Rx to signify it was called in to a pharmacy (or written out on a prescription pad). Name of Pharmacy and phone number should also be annotated.

2/11/03 Mrs. Jones called to request refill on Thyroid Medicine. ALD 5PM

OR

2/11/03 Jill at B.S. Kroger Pharmacy called to get authorization for refill on "Fluffy" Jones' Thyroid medicine. ALD 5PM

Receptionist receives call from client or pharmacy requesting refill, looks for most recent orange dot (without an "x"), asks client/pharmacist if the client has received all authorized refills, informs client/pharmacist that they will need to consult with the doctor.

IF the doctor has written renewal requirements, the receptionist should mention this to the client while they have them on the phone.

2/11/03 Rx Levothyroxine 0.8 mg #30 RA ●
SIG: ½ P.O. BID
Refills: 3 PE, T4

Internet Pharmacy Policy

When we receive a fax from Petmeds Express, or other Internet pharmacies, it is necessary to inform the client of a few important items. Please follow the guidelines below for sharing our policies regarding mail order or Internet pharmacies.

We want to inform the owner that mail order and Internet pharmacies are not able to buy their heart worm medications directly from the manufacturer. They purchase the products from unethical veterinarians who are willing to resell the product to them. Since the manufacturer is unable to verify the proper handling of the product or even whether the product is compliant with FDA regulations (i.e. a product designed for and diverted from a foreign market) they will not honor any guarantees. This means the companies will not pay for any expenses related to product failure or adverse reactions.

If the client understands the above and still wishes to use that pharmacy we will offer them a written prescription. The client should come by SCAC at their earliest convenience to pick up the prescription and mail it to the Internet pharmacy. Emphasize that the prescription has to be mailed and cannot be faxed. If necessary, explain that since we are unable to verify which Internet

and mail order pharmacies engage in unethical redistribution of prescription drugs, we do not endorse or deal directly with any of them.

If an Internet pharmacy calls the clinic to verify a prescription, let the representative know that our clinic does not deal directly with Internet and mail order pharmacies. Tell them the client knows to call them with any further questions. **DO NOT** tell the representative that we have written a prescription for the client as they are trying to verify over the phone that the client has received a prescription to get around our policy.

N. Protocol for Answering Toxicity Questions

The following protocol should be followed if someone calls with a toxicity question:

1. If the pet is showing ANY clinic problems, they should come in as soon as possible.
2. If they are certain the pet has consumed a potentially toxic substance, they should come in and bring the packaging for the substance. It may be necessary for us to contact an animal poison control service.
3. If they don't really think the pet has consumed the substance and are simply calling to inquire about whether a substance is toxic, take information regarding the substance ingested and discuss with the doctor.
4. If they are unwilling/unable to come in, they should be given the numbers for animal poison control.

Animal Poison Control 1-888-426-4435 (there is a fee to use this service)

NOTE: It should not be necessary to ask the doctor how to proceed in these situations.

O. Animal Emergency Hospital (AEH) Faxes

When one of our patients is seen at the Animal Emergency Hospital in Watkinsville, they will fax us a treatment report. These will usually be in the fax machine first thing in the morning, and should be checked ASAP to see if a recheck is needed or if the patient is being transferred to us.

The fax should be put in the patient's chart. If the patient is being transferred to us, notify the doctor immediately. If the patient is not being transferred to us, call the owner to check on the pet and schedule any necessary recheck appointments. This should be done as early as possible the morning we receive the fax. If the client has a work number listed it is fine to call it before 10:00 am. It is also OK to call the client at home before 10:00 am if it was a serious medical problem that may need to be rechecked the same morning. Annotate your call back in the chart and put a note on the front telling the doctor to "See CB and AEH fax in _____'s chart." Then place the chart in the doctor's box.

Any patient who is seen at the AEH should receive a call back regardless of whether or not a recheck appointment is necessary. For some cases, additional call backs may be necessary even if a recheck is not required based on the information provided with the AEH.

P. Returned Reminder Cards

1. When a reminder card is returned to us, punch holes in it and put it in the appropriate patients chart.
2. If the card has a forwarding address, change it in the computer and chart. Do not forget each section of the chart should be changed as should any other charts the client has.
3. Send a hand written reminder to the new address. Annotate the date and your initials on the returned card saying that you “updated the address in the computer and chart and sent a hand written reminder.” If the new address says that the owner has moved out of town, send them a written reminder and then deactivate the chart (See Deactivating Clients/Patients).
4. If the card does NOT have a forwarding address, you will need to call the client at any/all of the phone numbers they have listed in their record to get the updated information. Annotate all call back information in the chart including which numbers were called. If a number is disconnected, write it in the chart, and try any other numbers that are listed.
5. If you have to leave a message, place the chart in the reminder card call backs slot for a month later to try again. After two calls have been made the chart should be placed in call backs one more time. However, if in the month after the second call we don’t hear from the client, it is not necessary to call again. It is fine to deactivate the chart. (See Deactivating Clients/Patients)
6. If there is no answer and no machine, the number should be tried several times throughout the day before you leave. If you don’t get through, try again for up to two more days (three days total) at different times of day. If you don’t get through in three days, give to the Front Office Supervisor to send an e-mail if we have an address.

VI. Miscellaneous Procedures/Items

B. Slow Period Duties

1. Cleaning List for Receptionist area.
2. Cleaning List for other areas of clinic if two receptionists are present.
3. Update Bulletin Board by taking all out of date information off (anything that is more than three months old.)
4. Clean the file shelves with Windex.
5. Restock file drawer and folders with forms and information sheets. Make a note of any low stock forms so that they can be ordered.
6. Restock heartworm and flea prevention products.
7. Straighten drawers and make a note of any low stock items so that they can be ordered.
8. Read literature about vaccines and products available at SCAC, so that you can serve as an information source to clients.
9. Sweep front entrance.
10. Perform other miscellaneous duties as assigned by the doctors or office manager.

C. Rabies Protocol

We frequently get calls about animals and people being bitten. The following information should enable you to be better prepared to answer such questions.

Management of a dog or cat that has been bitten or scratched by a potentially rabid animal is difficult when the biting animal is not available for testing because the dog or cat must be considered as having been exposed to a rabid animal.

The final decision concerning the management of exposed animals generally is made by local or state public health authorities. (*Athens-Clarke County Public Health Department: 706-542-8600*)

Guidelines from the National Association of State Public Health Veterinarians

Post-exposure management of a dog or cat:

1. If the animal is unvaccinated, euthanize immediately, or quarantine in a secure enclosure for 6 months and vaccinate 1 month before release.
2. If the animal is current on rabies vaccination, it should be re-vaccinated immediately and kept under owner control for 45 days.
3. If the animal is overdue on rabies vaccination the public health authorities will need to make a case by case determination.

Management of animals that bite humans:

1. All incidents of animal bites must be attended to by a physician. The physician is responsible for notifying the Public Health Department and filing all appropriate forms.
2. Prior vaccination of the animal may not preclude euthanasia and testing. This matter is ultimately a decision of the Public Health Department.
3. If a healthy, owned dog or cat bites a person:
 - a. The animal should be confined and observed for 10 days.
 - b. The form of confinement is decided by the Public Health department.
 - c. Rabies vaccine should not be administered during the observation period
 - d. The animal should be examined by a veterinarian at the first sign of illness during confinement and this reported to the Public Health Department.
 - e. If signs are suggestive of Rabies, the animal should be euthanized, its head removed, and the head shipped under refrigeration for examination by a state designated laboratory.
4. If a sick, stray or unwanted dog or cat bites a person:
 - a. The animal may be euthanized and the head submitted as above.

GA Poison Center: Rabies and Animal Bite Help 24 Hours a Day

Since 1970, the Georgia Poison Center has been the 24-hour poison emergency treatment and prevention resource for medical and nonmedical residents of Georgia. The Poison Center is also the official statewide resource for the provision of treatment and prevention advice regarding animal bites and rabies. This service is provided in association with the Georgia Department of Human Resources, Division of Public Health, Epidemiology and Prevention Branch.

Services regarding animal bites and rabies include:

- Provision of advice for animal bites
- Provision of recommendations for rabies treatment
- Consultation on unusual animal bite cases

- Public and professional education
- Research and data collection

For a free Rabies and Animal Bite brochure or for more information on animal bite prevention, call the Georgia Poison Center Education Department at 404.616.9235 or visit our website at www.georgiapoisoncenter.com.

Bite and poisoning victims can call 24 hours a day, 7 days a week:

In metro Atlanta call 404-616-9000

Outside of metro Atlanta call 1-800-282-5846

Teletype for the deaf and hearing impaired: TTD 404-616-9287

D. Microchips

Microchips are a safe, simple and permanent form of pet identification designed to quickly identify lost pets and reunite them with their owners. The microchip is no bigger than a grain of rice and contains a unique ID code capable of being read by a compatible scanner. It does not require anesthesia, is relatively painless, and is recommended for dogs and cats of all breeds and ages. It is safe for puppies and kittens as well as older pets who may wander away from home.

1. All clients dropping their pet off for a surgical procedure should be asked whether they would like their pet microchipped while they are under anesthesia if they do not have a microchip already.
2. When a patient comes in to be microchipped, a new Avid microchip packet is taken out of the box in the pharmacy.
3. The receptionist will be given the paperwork, tag, and tag ring.
4. The receptionist fills out the Avid Certificate in full. The PETtrac registration form will have the pet's information, SCAC information, and the veterinarian who implanted the chip filled out.
5. The doctor should test scan the microchip after implantation.
6. The tag and tag ring should be given to the client. The PETtrac registration form will be filled out when the client comes to pick up the animal.
7. The owners name, address, and phone number will then be annotated in the Avid folder located at the front office desk. (This should be completed by the front office staff)
8. The microchip packet comes with four barcode stickers with the ID number. They go in the following places:
 - a. On the SOAP form beside the box that has been checked and initialed for the microchip.
 - b. On the client information sheet in the bottom right hand corner. "Microchipped" and the date should be written just above the sticker.
 - c. On the top left hand corner of the Avid certificate.
 - d. On the PETtrac registration form in section 4. Pet Information.
9. At chart review, the receptionist should be sure the microchip ID number is entered on the appropriate patient's client information form and that the stickers are in the appropriate places.
10. Finally, the microchip ID number should be entered into the patients record in the computer. If they provide us with the microchip number we can look the patient up in the computer by inputting the ID number in the computer record.

11. If a client is having more than one pet microchipped during the same appointment, it is important for the receptionist keep track of which information goes with which pet. After the doctor has injected the microchips, the ID numbers should be verified again to be sure the appropriate paperwork was filled out for each pet. The receptionist then has the owner fill out the PETtrac registration form while they are waiting to be seen by the doctor.

E. Financial Policy

1. Shoal Creek Animal Clinic Financial Policy

In order to provide the best veterinary care possible, payment for routine and elective procedures is required at the time services are provided. In the event of a medical emergency, Dr. Elder or the Office Manager should be consulted if the owner cannot pay the full amount.

1. Held Checks

- a. The general rule for held checks is that we only accept them in emergency situations, if the visit is unexpected for the client. Routine procedures and items such as food and shampoo can not be “purchased” with a held check. Held checks are to be used as a last resort when a current client has to have unexpected or emergency treatment for their pet and cannot pay the total balance at the time of treatment. The option should not be mentioned unless all other options have been explored first. (Can the client pay part in cash or check and part in credit card? Can they pay using more than one credit card?) If we are holding checks for a client, do not openly discuss it with them in front of other clients. The client is supposed to pay at least half of the balance up front. Any held checks are supposed to be able to be put through within a month of the treatment date.
- b. Held checks are dated the day the client leaves the held check at the clinic and a note is stapled to the check with the specific date the check is to be deposited. Postdated check are not acceptable.
- c. Checks can be held for a maximum of thirty days. All held checks should be approved by the Office Manager or the doctor.
- d. Held checks are stamped on the back and placed in the “Held Check” envelope in the cash drawer. It is a good idea to put a note in the scheduler on the day that the check is to be deposited.
- e. Any exceptions to these guidelines must be approved by the Office Manager or Dr. Elder.

2. Accounts Receivable Procedure

If a client fails to settle an account by the specified date, the account will be brought to the doctor’s attention for further action.

3. Basic Guidelines

The following guidelines should provide the necessary foundation for decision making without recourse to discussion with the doctor on duty:

- a. If a person is pet sitting for one of our clients and a medical problem comes up but the pet sitter doesn't have any money, the following protocol should be followed:
 - i. Ask if they might put it on a credit card or leave a held check.

- ii. Check the client's account in the computer to see if there are any notes regarding an unpaid balance or bad check.
- iii. If the pet sitter doesn't have any way to pay, but the client doesn't have any negative notes on their account, tell the pet sitter that we will see the pet and work something out with the client when they return.
- b. If a person that is not a client calls and says they want to have their pet seen but they don't have any money, and ask if we have a payment plan:
 - i. Tell the person up front that we do not have a payment plan and payment is due when services are rendered.
 - ii. If they ask how much the total cost would be, you can tell them that it will depend on what the doctor finds. You can share with them the cost of an office visit and the cost of any other item that would definitely be needed (rabies vaccine, fecal, urinalysis, etc.).
 - iii. Always let them know that it would be in the best interest of the pet to be evaluated and tell them that you would be happy to set up an appointment for them.
 - iv. Inform them about Care Credi.
- c. If a person calls or comes in with a medical problem and says they don't have much money to spend:
 - i. Tell the person how much an office visit is and how much any other possible costs might be involved.
 - ii. Tell the person that we do accept credit cards and Care Credit in case they can use one.
 - iii. Try to find out what kind of "limit" they have to spend on the visit and tell them that the doctor would have to evaluate the pet in order to know how much the treatment would cost.
 - iv. Tell the person that it would be in the pet's best interest to let the doctor evaluate the pet and that the doctor could then estimate the cost of treatment. This way, the client would know if they could afford the treatment before it is done.

F. In the Absence of a Receptionist

If there is a situation in which there is no receptionist present, the following procedures should be performed by other staff members. This is a brief overview of procedures. Please see more detailed sections of this handbook as needed.

1. Follow the procedures in the receptionist manual for "Morning Protocol."
2. Call next day's appointments.
3. Pull the next days charts and follow the procedures "Preparing for the Following Day"
4. Do all items listed on the "End of the Day Checklist" at the end of the day.
5. Close the day in the computer using the procedures "Closing the Day."
6. Call backs should be done for any charts that are in that particular day's call back slot. Also, be sure to go over any charts that are in the receptionist inbox and any charts that the doctor has in his/her office or inbox and do call backs on those patients that need call backs (after vaccines, surgeries, etc.).

7. DO NOT RE-FILE any charts. Any charts that are worked on during the day (including call backs) should go in the receptionist inbox for the receptionist or Office Manager to go over the following day.
8. Be sure to write down any questions or problems that arise during the day so that they can be handled appropriately the following day.