



Clinic Report **Date:** _____

ITEM	NUMBER	COMMENT
Number of veterinarian surgeons		
Number of vet student surgeons		
Number of other volunteers		
Number of cats for surgery		
Number of cats for vaccinations		
Number of cats for other care		
First volunteer arrival time		
Number of euthanasias		
Number of deaths		
Final volunteer departure time		
Admissions start time		
Discharge start time		
Discharge completion time		
Final volunteer departure time		
Total donations		
Number of recorded incidents		
Suggestions for improvements		