

AVImark Data Entry Information Request Worksheets

This data entry service package is an additional service we offer at a cost of \$750 above the normal conversion price. McAllister Software Systems, Inc. will perform this service per YOUR instructions. We will work with you to help you understand how AVImark works compared to your previous system. Any errors will be corrected with your assistance over the phone. McAllister Software Systems is only obligated to complete the data setup defined in the Data Entry Worksheets. McAllister Software System prefers that you send in these worksheets **along with a current print out of your treatment and inventory lists by category and a couple of printed patient charts**, this information should accompany the initial backup sent for the First Pass conversion. We CAN use any printed reports from your previous software to take place of certain sections of these worksheets. The only area that is required to be filled out on the worksheets is the reminder section. **Please note, some areas has a limit of 10, this is the amount the data entry department is allowed to add**. You will be able to add more once you receive your first pass. If you have any questions concerning this packet please call us at 855-838-7638, option 3 or e-mail us at conversions@avimark.net.

This information should be mailed, faxed, e-mailed or uploaded no later than two weeks after we receive your initial backup. THIS SERVICE CANNOT BE PERFORMED WITH YOUR FINAL PASS DUE TO THE NECESSITY OF A RAPID TURN AROUND TIME.

Contact: _____ Date: _____

1.) Hospital Name: _____

DEFAULT VALUES

2) Do you have any default values you would like to appear whenever a new client is added? If so what are they? (limit one per field)

City: _____

State/Province: _____

Zip/Postal Code: _____

Area Code: _____

USERS & SECURITY

3) Please fill out the following table with all current staff members.

ID = staff member's initials (three character limit)

SERVICES = staff that perform services

NAME = staff member's name

APPTS = staff that see appointments

REPORT AS = how the name appears on the invoice

TIMECLOCK = staff that will be using the timeclock

ID	NAME	REPORT AS	GROUP	LICENSE#	SERVICES		APPTS		TIMECLOCK	
					YES	NO	YES	NO	YES	NO
			ADMINISTRATOR							
			ADMINISTRATOR							
			MANAGER							
			MANAGER							
			ASSOCIATE VET.							
			ASSOCIATE VET.							
			ASSOCIATE VET.							
			ASSOCIATE VET.							
			ASSOCIATE VET.							
			ASSOCIATE VET.							
			VET. TECHNICIAN							
			VET. TECHNICIAN							
			VET. TECHNICIAN							
			VET. TECHNICIAN							
			VET. TECHNICIAN							
			VET. TECHNICIAN							
			VET. TECHNICIAN							
			VET. ASSISTANT							
			VET. ASSISTANT							
			VET. ASSISTANT							
			VET. ASSISTANT							
			VET. ASSISTANT							
			VET. ASSISTANT							
			KENNEL							
			KENNEL							
			KENNEL							
			KENNEL							
			KENNEL							
			GROOMER							
			GROOMER							
			GROOMER							
			RECEPTIONIST							
			RECEPTIONIST							
			RECEPTIONIST							
			RECEPTIONIST							
			RECEPTIONIST							
			RECEPTIONIST							
			OVER THE COUNTER							
			OVER THE COUNTER							

**4) Do you charge prescription, intravenous or intramuscular fees?
If so, what are they?**

	<i>First*</i>	<i>Additional*</i>	<i>Minimum*</i>
<i>Prescription</i>			
<i>Handling</i>			
<i>Intravenous Injection</i>			
<i>Intramuscular Injection</i>			

* First is a fee that is automatically added to the price of an item/treatment. Additional fees are amounts added to the original price of any additional medications once the initial entry of that particular medication's code has been entered. Minimum is a fee that is the minimum amount charged for a item/treatment. If the charges are below the minimum it will charge the minimum fee. You can use all fees together.

IMPORTANT NOTE: For questions 5-8 please include a **list** of individual items requiring an additional fee. If the next four (4) areas are left blank or "NONE" is indicated there will be **NO** additional fees entered on any items/services. If "ALL MEDICATIONS", "ALL PRESCRIPTIONS", "ALL INJECTABLES", etc. are indicated in the following areas we will use our best judgment and enter fees only on inventory items which contain "TAB", "CAP" or "INJ" in the description and/or unit of measure.

5) Which items/treatments need to include a prescription fee?*

6) Which items/treatments need to include a handling fee?*

7) *Which items/treatments need to include an intramuscular fee?**

8) *Which items/treatments need to include an intravenous fee?**

9) *Which items/treatments would you like to prompt for a microchip number?*

RETURNED CHECKS

10) *What is your charge for a returned check?* _____

APPOINTMENTS

11) *Do you prefer using military time? (Example: 12:00, 13:00, 14:00, etc)* YES NO

15) What is your hospital check-out time for boarding? _____

16) Who would you like to be the default boarding Dr? _____

17) How would you like to charge for boarding? ** BY DAY BY NIGHT LIKE A HOTEL

18) Please list your boarding facility details below: Limit of 10 each

	# OF FACILITIES	MIN WEIGHT	MAX WEIGHT
RUNS			
LARGE CAGES			
MEDIUM CAGES			
SMALL CAGES			
CAT CONDOS			
TREATMENT CAGES			
SURGERY CAGES			
ISOLATION CAGES			

INVOICING

19) What would you like your default payment type to be? CASH CHECK NONE

20) Please indicate the title you would like shown on your invoices:

RECEIPT

INVOICE

Other _____

21) Would you like patient reminders on your invoices? YES NO

22) Would you like the patient's weight history on your invoices? YES NO

23) Would you like the client's phone number on your invoices? YES NO

24) Would you like quantities of treatment/items performed/given to always print on your invoices (for quantities one and greater)? YES NO

25) When invoicing a client do you want the payment window to show as:

TOTAL INVOICE AMOUNT

TOTAL INVOICE AMOUNT + PREVIOUS BALANCE DUE

\$0.00 & REQUIRE YOU TO ENTER AN AMOUNT

26) Would you like medical history notes on your invoices? YES NO

27) How would you like your information sorted on your invoices?

CHRONOLOGICALLY (AS ENTERED IN MEDICAL HISTORY)

GROUPED BY PROVIDER (PERSONS PERFORMING SERVICES)

GROUPED BY CATEGORY (AS SEEN IN TREATMENT & INVENTORY LIST)

28) When would you like the change-maker window to appear?

NEVER

BALANCE DUE (IF PAYMENT IS GREATER THAN BALANCE DUE)

INVOICE TOTAL (IF PAYMENT IS GREATER THAN TOTAL INVOICE)

MISCELLANEOUS

29) When adding a new patient, what would you like to be the default species? (limit one)

CANINE

FELINE

EQUINE

AVIAN

NONE

OTHER _____

30) Do you issue rabies tags to all species? YES NO

If no, which species receives rabies tags? CANINES ONLY FELINES ONLY EQUINES ONLY

31) Do you issue rabies certificates to all species? YES NO

If no, which species receives certificates? CANINES ONLY FELINES ONLY EQUINES ONLY

32) How do you record:

body temperature? °F °C

body weight? lbs kg

33) **Would you want AVImark to automatically check spelling in notes windows?**

YES NO

34) **Once medical history notes are entered would you like them to be automatically protected, so the information may not be changed unless authorized?**

YES NO

35) **Would you want AVImark to warn you when a product is out of stock?**

YES NO

36) **Would you want AVImark to notify you when a product has expired?**

YES NO

37) **Who would you like your default doctor to be for every new client?**

_____ NONE

38) **Who would you like to be your Over the Counter doctor?**

_____ NONE

39) **Would you like the ability to have up to ten (10) clients open on the screen at once or just one (1)?**

10 CLIENTS 1 CLIENT

40) **Would you like AVImark to automatically check a patient into the hospital as an "out patient" when information is entered into medical history?***

YES NO

41) **How would you rather have your patients released through AVImark?***

BY PRINTING THE INVOICE
 BY MANUALLY RELEASING (RIGHT CLICK OPTION)

42) **What ELSE would you like to be included on your drug labels?**

Yogi, Donna (239)	03-16-05
FOR: Baby/Feline	Exp: 5/1/2006
Give 1 ml by mouth twice daily until gone.	
Amoxi Drop 15cc	(1 bt!)
FOR VETERINARY USE ONLY. -	
(AVImark default drug label information)	

- HOSPITAL NAME, ADDRESS, PHONE NUMBER (IF NOT PRE-PRINTED LABELS)
- DOCTOR'S NAME
- CLIENT ADDRESS
- DRUG LABEL NUMBER
- DOCTOR'S DEA NUMBER
- DOCTOR'S LICENSE NUMBER

**Please see page titled "Data Entry Worksheet Shortcuts" for help on this topic.

TREATMENT LINKED TO TREATMENT

43) When a specific treatment is put into the medical history area, the other associated treatments are added automatically. This differs from a treatment group in two ways: 1. The original "parent" treatment is entered into medical history along with the other associated treatments. 2. There is NO built-in discounting capability with linked treatments. Please use your codes from your previous software. Limit of 10

Code: _____ Attached to _____ Code: _____
Linked Tx: _____ Parent Tx: _____

Code: _____ Attached to _____ Code: _____
Linked Tx: _____ Parent Tx: _____

Code: _____ Attached to _____ Code: _____
Linked Tx: _____ Parent Tx: _____

Code: _____ Attached to _____ Code: _____
Linked Tx: _____ Parent Tx: _____

Code: _____ Attached to _____ Code: _____
Linked Tx: _____ Parent Tx: _____

Code: _____ Attached to _____ Code: _____
Linked Tx: _____ Parent Tx: _____

Code: _____ Attached to _____ Code: _____
Linked Tx: _____ Parent Tx: _____

Code: _____ Attached to _____ Code: _____
Linked Tx: _____ Parent Tx: _____

Code: _____ Attached to _____ Code: _____
Linked Tx: _____ Parent Tx: _____

Code: _____ Attached to _____ Code: _____

Attached to →

Linked Tx: _____

Parent Tx: _____

Code: _____

Attached to →

Code: _____

Linked Tx: _____

Parent Tx: _____

Code: _____

Attached to →

Code: _____

Linked Tx: _____

Parent Tx: _____

Code: _____

Attached to →

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Code: _____

Linked Tx: _____

Parent Tx: _____

Code: _____

Attached to →

Code: _____

Linked Tx: _____

Parent Tx: _____

Code: _____

Attached to →

Code: _____

Linked Tx: _____

Parent Tx: _____

Code: _____

Attached to →

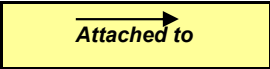
Code: _____


Linked Tx: _____

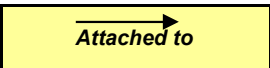
Parent Tx: _____


INVENTORY LINKED TO TREATMENT/INVENTORY USAGE

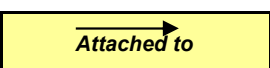
44) When treatments are performed on patients, the right inventory item quantities will be "relieved" (in other words, the on-hand quantities and month-to-date/year-to-date quantities of these items will be adjusted as you perform these treatments). The inventory items linked will not show in medical history but you do have the option to have them print on the invoice. If a different amount of the inventory item is used each time please check the allow override box. With this chosen, when a specific inventory linked item is used an "inventory used" window will come up and ask you how much of the item was used. Please use your codes from your previous software. Limit of 10

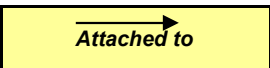
Code: _____  Code: _____
Linked Item: _____ Parent Tx: _____
Qty Used: _____ PRINT ON INVOICE ALLOW OVERRIDE

Code: _____  Code: _____
Linked Item: _____ Parent Tx: _____
Qty Used: _____ PRINT ON INVOICE ALLOW OVERRIDE

Code: _____  Code: _____
Linked Item: _____ Parent Tx: _____
Qty Used: _____ PRINT ON INVOICE ALLOW OVERRIDE

Code: _____  Code: _____
Linked Item: _____ Parent Tx: _____
Qty Used: _____ PRINT ON INVOICE ALLOW OVERRIDE

Code: _____  Code: _____
Linked Item: _____ Parent Tx: _____
Qty Used: _____ PRINT ON INVOICE ALLOW OVERRIDE

Code: _____  Code: _____
Linked Item: _____ Parent Tx: _____
 PRINT ON INVOICE ALLOW OVERRIDE

Qty Used: _____

PRINT ON INVOICE

ALLOW OVERRIDE

Code: _____



Code: _____

Linked Item: _____

Parent Tx: _____

Qty Used: _____

PRINT ON INVOICE

ALLOW OVERRIDE

Code: _____



Code: _____

Linked Item: _____

Parent Tx: _____

Qty Used: _____

PRINT ON INVOICE

ALLOW OVERRIDE

Code: _____



Code: _____

Linked Item: _____

Parent Tx: _____

Qty Used: _____

PRINT ON INVOICE

ALLOW OVERRIDE

Code: _____



Code: _____

Linked Item: _____

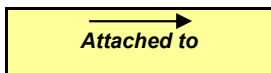
Parent Tx: _____

Qty Used: _____

PRINT ON INVOICE

ALLOW OVERRIDE

Code: _____



Code: _____

Linked Item: _____

Parent Tx: _____

Qty Used: _____

PRINT ON INVOICE

ALLOW OVERRIDE

Code: _____



Code: _____

Linked Item: _____

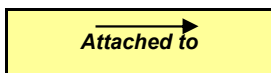
Parent Tx: _____

Qty Used: _____

PRINT ON INVOICE

ALLOW OVERRIDE

Code: _____



Code: _____

Linked Item: _____

Parent Tx: _____

Qty Used: _____

PRINT ON INVOICE

ALLOW OVERRIDE

INVENTORY LINKED TO INVENTORY

45) When items are dispensed to patients, the linked inventory item quantities will also be "relieved" (in other words, the on-hand quantities and month-to-date/year-to-date quantities of these items will be adjusted). The inventory items linked will not show in medical history. Please use your codes from your previous software. (This option can be used for anesthetic cocktails.) Limit of 10

Code: _____ Attached to _____ Code: _____
Linked Item: _____ Parent Item: _____
Qty Used: _____

Code: _____ Attached to _____ Code: _____
Linked Item: _____ Parent Item: _____
Qty Used: _____


Code: _____ Attached to _____ Code: _____
Linked Item: _____ Parent Item: _____
Qty Used: _____


Code: _____ Attached to _____ Code: _____
Linked Item: _____ Parent Item: _____
Qty Used: _____


Code: _____ Attached to _____ Code: _____
Linked Item: _____ Parent Item: _____
Qty Used: _____


Code: _____ Attached to _____ Code: _____
Linked Item: _____ Parent Item: _____
Qty Used: _____


Code: _____ Attached to _____ Code: _____
Linked Item: _____ Parent Item: _____
Qty Used: _____


Code: _____  Code: _____
Linked Item: _____ Parent Item: _____
Qty Used: _____


Code: _____  Code: _____
Linked Item: _____ Parent Item: _____
Qty Used: _____

Code: _____  Code: _____
Linked Item: _____ Parent Item: _____
Qty Used: _____

Code: _____  Code: _____
Linked Item: _____ Parent Item: _____
Qty Used: _____

Code: _____  Code: _____
Linked Item: _____ Parent Item: _____
Qty Used: _____

Code: _____  Code: _____
Linked Item: _____ Parent Item: _____
Qty Used: _____

Code: _____  Code: _____
Linked Item: _____ Parent Item: _____
Qty Used: _____

TREATMENT GROUPS

46) Groups are mainly used when a discounted price is applied to an entire unit. When a group name is entered into medical history the "parent treatment" (group name) will NOT appear in medical history, only the group components. The group name will also be displayed in red when viewing the treatment list. Please use your codes from your previous software. Limit of 10

Group Code: *NPG*

Group Name: *New Puppy Group*

Code:	<i>111</i>	Qty:	<i>1</i>	Description:	<i>Puppy Exam</i>
Code:	<i>9924F</i>	Qty:	<i>1</i>	Description:	<i>Fecal Floatation</i>
Code:	<i>6571</i>	Qty:	<i>1</i>	Description:	<i>DA2PP 1st</i>
Code:	<i>5621</i>	Qty:	<i>1</i>	Description:	<i>Complimentary Puppy Kit</i>
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Group Price:					<i>\$20.00</i>

Group Code:

Group Name:

Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Group Price:					

Group Code:

Group Name:

Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Group Price:					

Group Code:

Group Name:

Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Group Price:					

Group Code:

Group Name:

Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
					Group Price:

Group Code:

Group Name:

Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
					Group Price:

Group Code:

Group Name:

Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
					Group Price:

Group Code:

Group Name:

Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
Code:		Qty:		Description:	
					Group Price:

INVENTORY VENDORS

47) Please list your current inventory vendors in the tables below.

Code		Name			
Contact				Acct #	
Address					
City			State/Province		
Zip/Postal		Phone#		Fax#	
E-Mail			Website	www.	

Code		Name			
Contact				Acct #	
Address					
City			State/Province		
Zip/Postal		Phone#		Fax#	
E-Mail			Website	www.	

Code		Name			
Contact				Acct #	
Address					
City			State/Province		
Zip/Postal		Phone#		Fax#	
E-Mail			Website	www.	

Code		Name			
Contact				Acct #	
Address					
City			State/Province		
Zip/Postal		Phone#		Fax#	
E-Mail			Website	www.	

Code		Name			
Contact				Acct #	
Address					
City			State/Province		
Zip/Postal		Phone#		Fax#	
E-Mail			Website	www.	

Code		Name			
Contact				Acct #	
Address					
City			State/Province		
Zip/Postal		Phone#		Fax#	
E-Mail			Website	www.	

Code		Name			
Contact				Acct #	
Address					
City			State/Province		
Zip/Postal		Phone#		Fax#	
E-Mail			Website	www.	

Code		Name			
Contact				Acct #	
Address					
City			State/Province		
Zip/Postal		Phone#		Fax#	
E-Mail			Website	www.	

TAXES

48) What are the tax values for your area?

State/GST: _____% Local/PST _____% HST: _____%

49) Do you charge taxes on ALL services performed?

YES NO

50) If no, list categories in your service/treatment list that require a tax?

_____	<input type="checkbox"/> STATE/GST	<input type="checkbox"/> LOCAL/PST	<input type="checkbox"/> BOTH
_____	<input type="checkbox"/> STATE/GST	<input type="checkbox"/> LOCAL/PST	<input type="checkbox"/> BOTH
_____	<input type="checkbox"/> STATE/GST	<input type="checkbox"/> LOCAL/PST	<input type="checkbox"/> BOTH
_____	<input type="checkbox"/> STATE/GST	<input type="checkbox"/> LOCAL/PST	<input type="checkbox"/> BOTH
_____	<input type="checkbox"/> STATE/GST	<input type="checkbox"/> LOCAL/PST	<input type="checkbox"/> BOTH
_____	<input type="checkbox"/> STATE/GST	<input type="checkbox"/> LOCAL/PST	<input type="checkbox"/> BOTH
_____	<input type="checkbox"/> STATE/GST	<input type="checkbox"/> LOCAL/PST	<input type="checkbox"/> BOTH
_____	<input type="checkbox"/> STATE/GST	<input type="checkbox"/> LOCAL/PST	<input type="checkbox"/> BOTH
_____	<input type="checkbox"/> STATE/GST	<input type="checkbox"/> LOCAL/PST	<input type="checkbox"/> BOTH
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_____	<input type="checkbox"/> STATE/GST	<input type="checkbox"/> LOCAL/PST	<input type="checkbox"/> BOTH
_____	<input type="checkbox"/> STATE/GST	<input type="checkbox"/> LOCAL/PST	<input type="checkbox"/> BOTH
_____	<input type="checkbox"/> STATE/GST	<input type="checkbox"/> LOCAL/PST	<input type="checkbox"/> BOTH
_____	<input type="checkbox"/> STATE/GST	<input type="checkbox"/> LOCAL/PST	<input type="checkbox"/> BOTH
_____	<input type="checkbox"/> STATE/GST	<input type="checkbox"/> LOCAL/PST	<input type="checkbox"/> BOTH

51) Do you charge taxes on ALL inventory items?

YES

NO

52) If no, list categories in your product/inventory list that require a tax?

_____	<input type="checkbox"/> STATE/GST	<input type="checkbox"/> LOCAL/PST	<input type="checkbox"/> BOTH
_____	<input type="checkbox"/> STATE/GST	<input type="checkbox"/> LOCAL/PST	<input type="checkbox"/> BOTH
_____	<input type="checkbox"/> STATE/GST	<input type="checkbox"/> LOCAL/PST	<input type="checkbox"/> BOTH
_____	<input type="checkbox"/> STATE/GST	<input type="checkbox"/> LOCAL/PST	<input type="checkbox"/> BOTH
_____	<input type="checkbox"/> STATE/GST	<input type="checkbox"/> LOCAL/PST	<input type="checkbox"/> BOTH
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_____	<input type="checkbox"/> STATE/GST	<input type="checkbox"/> LOCAL/PST	<input type="checkbox"/> BOTH
_____	<input type="checkbox"/> STATE/GST	<input type="checkbox"/> LOCAL/PST	<input type="checkbox"/> BOTH
_____	<input type="checkbox"/> STATE/GST	<input type="checkbox"/> LOCAL/PST	<input type="checkbox"/> BOTH
_____	<input type="checkbox"/> STATE/GST	<input type="checkbox"/> LOCAL/PST	<input type="checkbox"/> BOTH
_____	<input type="checkbox"/> STATE/GST	<input type="checkbox"/> LOCAL/PST	<input type="checkbox"/> BOTH
_____	<input type="checkbox"/> STATE/GST	<input type="checkbox"/> LOCAL/PST	<input type="checkbox"/> BOTH

REMINDERS

****This section has to be filled out. Please do not send printouts from old software for this section.**

54) How often do you send patient reminders? _____ days

Do you send 2nd reminders? NO YES
If yes, at what interval? ____ days

Do you send 3rd reminders? NO YES
If yes, at what interval? ____ days

55) How would you like to display the date on your reminders? 10/31/05 10/05

56) Would you like to send reminders to patients that have an appointment scheduled for the remindable time period? (By choosing "NO", patients that have an appt. scheduled during the reminder time period will NOT receive a reminder.)
 YES NO

57) How many reminder cards do you print per page? ONE THREE FOUR

58) Reminders for a series of treatments**: (used for groupings of vaccinations/services of the same type given in a series, see example below)

Tx Series Name: **DA2PPC** Start @ age: **6 weeks** Species: **Canine**

Code	Description		Next Tx given in...			
DA1	DA2PPC 1ST	3	<input type="checkbox"/> DAY(S)	<input checked="" type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
DA2	DA2PPC 2ND	3	<input type="checkbox"/> DAY(S)	<input checked="" type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
DA3	DA2PPC 3RD	3	<input type="checkbox"/> DAY(S)	<input checked="" type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
DAA	DA2PPCVL	1	<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input checked="" type="checkbox"/> YEAR(S)

Tx Series Name: Start @ age: Species:

Code	Description		Next Tx given in...			
			<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
			<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
			<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
			<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
			<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
			<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)

Tx Series Name: Start @ age: Species:

Code	Description		Next Tx given in...			
			<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
			<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
			<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
			<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
			<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
			<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)

Tx Series Name: Start @ age: Species:

Code	Description		Next Tx given in...			
			<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
			<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
			<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
			<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
			<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
			<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)

Tx Series Name:

Start @ age:

Species:

Code	Description	Next Tx given in...			
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)

Tx Series Name:

Start @ age:

Species:

Code	Description	Next Tx given in...			
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)

Tx Series Name:

Start @ age:

Species:

Code	Description	Next Tx given in...			
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)

Tx Series Name:

Start @ age:

Species:

Code	Description	Next Tx given in...			
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)

Tx Series Name:

Start @ age:

Species:

Code	Description	Next Tx given in...			
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)

Tx Series Name:

Start @ age:

Species:

Code	Description	Next Tx given in...			
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)
		<input type="checkbox"/> DAY(S)	<input type="checkbox"/> WEEK(S)	<input type="checkbox"/> MONTH(S)	<input type="checkbox"/> YEAR(S)

****This section has to be filled out. Please do not send printouts from old software for this section.**

59) Reminders for single treatments** (used for individual vaccinations/services/items reminding for themselves, see example below)

Tx Name: Fecal Exam **Start @ age:** 6 weeks **Species:** can/fel

Code: 1234 **Next tx given in:** 1 DAY(S) WEEK(S) MONTH(S) YEAR(S)

Tx Name: _____ **Start @ age:** _____ **Species:** _____

Code: _____ **Next tx given in:** _____ DAY(S) WEEK(S) MONTH(S) YEAR(S)

Tx Name: _____ **Start @ age:** _____ **Species:** _____

Code: _____ **Next tx given in:** _____ DAY(S) WEEK(S) MONTH(S) YEAR(S)

Tx Name: _____ **Start @ age:** _____ **Species:** _____

Code: _____ **Next tx given in:** _____ DAY(S) WEEK(S) MONTH(S) YEAR(S)

Tx Name: _____ **Start @ age:** _____ **Species:** _____

Code: _____ **Next tx given in:** _____ DAY(S) WEEK(S) MONTH(S) YEAR(S)

Tx Name: _____ **Start @ age:** _____ **Species:** _____

Code: _____ **Next tx given in:** _____ DAY(S) WEEK(S) MONTH(S) YEAR(S)

Tx Name: _____ **Start @ age:** _____ **Species:** _____

Code: _____ **Next tx given in:** _____ DAY(S) WEEK(S) MONTH(S) YEAR(S)

Tx Name: _____ **Start @ age:** _____ **Species:** _____

Code: _____ **Next tx given in:** _____ DAY(S) WEEK(S) MONTH(S) YEAR(S)

Tx Name: _____ **Start @ age:** _____ **Species:** _____

Code: _____ **Next tx given in:** _____ DAY(S) WEEK(S) MONTH(S) YEAR(S)

Tx Name: _____ **Start @ age:** _____ **Species:** _____

Code: _____ **Next tx given in:** _____ DAY(S) WEEK(S) MONTH(S) YEAR(S)

Tx Name: _____ **Start @ age:** _____ **Species:** _____

Code: _____ **Next tx given in:** _____ DAY(S) WEEK(S) MONTH(S) YEAR(S)

Tx Name: _____ **Start @ age:** _____ **Species:** _____

Code: _____ **Next tx given in:** _____ DAY(S) WEEK(S) MONTH(S) YEAR(S)

Tx Name: _____ **Start @ age:** _____ **Species:** _____

Code: _____ **Next tx given in:** _____ DAY(S) WEEK(S) MONTH(S) YEAR(S)

Tx Name: _____ **Start @ age:** _____ **Species:** _____

Code: _____ **Next tx given in:** _____ DAY(S) WEEK(S) MONTH(S) YEAR(S)

Tx Name: _____ **Start @ age:** _____ **Species:** _____

Code: _____ **Next tx given in:** _____ DAY(S) WEEK(S) MONTH(S) YEAR(S)

Tx Name: _____ **Start @ age:** _____ **Species:** _____

Code: _____ **Next tx given in:** _____ DAY(S) WEEK(S) MONTH(S) YEAR(S)

Tx Name: _____ **Start @ age:** _____ **Species:** _____

Code: _____ **Next tx given in:** _____ DAY(S) WEEK(S) MONTH(S) YEAR(S)

Tx Name: _____ **Start @ age:** _____ **Species:** _____

Code: _____ **Next tx given in:** _____ DAY(S) WEEK(S) MONTH(S) YEAR(S)

Tx Name: _____ **Start @ age:** _____ **Species:** _____

Code: _____ **Next tx given in:** _____ DAY(S) WEEK(S) MONTH(S) YEAR(S)

Tx Name: _____ **Start @ age:** _____ **Species:** _____

Code: _____ **Next tx given in:** _____ DAY(S) WEEK(S) MONTH(S) YEAR(S)

Tx Name: _____ **Start @ age:** _____ **Species:** _____

Code: _____ **Next tx given in:** _____ DAY(S) WEEK(S) MONTH(S) YEAR(S)

Tx Name: _____ **Start @ age:** _____ **Species:** _____

Code: _____ **Next tx given in:** _____ DAY(S) WEEK(S) MONTH(S) YEAR(S)

Tx Name: _____ **Start @ age:** _____ **Species:** _____

Code: _____ **Next tx given in:** _____ DAY(S) WEEK(S) MONTH(S) YEAR(S)

Tx Name: _____ **Start @ age:** _____ **Species:** _____

Code: _____ **Next tx given in:** _____ DAY(S) WEEK(S) MONTH(S) YEAR(S)

60) Heartworm Preventatives (Only fill this section out if you want to add a reminder)

Code(s) of Preventative: _____

Refilled every: _____ WEEK(S) MONTH (S) YEAR(S) **Species:** _____

Code(s) of Preventative: _____

Refilled every: _____ WEEK(S) MONTH (S) YEAR(S) **Species:** _____

Code(s) of Preventative: _____

Refilled every: _____ WEEK(S) MONTH (S) YEAR(S) **Species:** _____

Code(s) of Preventative: _____

Refilled every: _____ WEEK(S) MONTH (S) YEAR(S) **Species:** _____

Code(s) of Preventative: _____

Refilled every: _____ WEEK(S) MONTH (S) YEAR(S) **Species:** _____

61) Flea/Tick Preventatives (Only fill this section out if you want to add a reminder)

Code(s) of Preventative: _____

Refilled every: _____ WEEK(S) MONTH (S) YEAR(S) **Species:** _____

Code(s) of Preventative: _____

Refilled every: _____ WEEK(S) MONTH (S) YEAR(S) **Species:** _____

Code(s) of Preventative: _____

Refilled every: _____ WEEK(S) MONTH (S) YEAR(S) **Species:** _____

Code(s) of Preventative: _____

Refilled every: _____ WEEK(S) MONTH (S) YEAR(S) **Species:** _____

Please mail to: **McAllister Software Systems, Inc.**
Attn: Data Entry
5 Sugar Creek Road
Piedmont, MO 63957

fax to: **573-223-4911**