



5 FREE PROMPTS FROM THE VETERINARIAN'S AI TOOLKIT

Veterinarian AI Starter Kit

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5 Free Prompts from The Veterinarian's AI Toolkit

This is a sample of The Veterinarian's AI Toolkit — 5 prompts pulled from the full collection of 31. Each one covers a different part of your veterinary workflow.

Why these aren't generic prompts. Most AI prompts for veterinarians are repurposed from human healthcare or generic business templates. They miss veterinary terminology, skip VCPR context, and don't match how you actually communicate with clients. Every prompt here is built for a specific veterinary task — the clinical context, communication style, and compliance guardrails are already baked in. That's why the output sounds like it came from your practice, not a chatbot.

What's inside:

- 1. SOAP Note Draft from Voice Notes** — Dictate or type your exam findings and get a structured SOAP note back
- 2. Client-Friendly Diagnosis Explanation** — Translate clinical findings into plain language clients understand
- 3. Discharge Instructions Generator** — Create thorough, customized discharge instructions in seconds
- 4. Social Media Post from Case (De-identified)** — Turn a clinical case into engaging educational content
- 5. Google Review Response (Positive)** — Respond to 5-star reviews with warm, specific replies

How to use: Copy the prompt, paste it into ChatGPT, Claude, Gemini, or any AI tool, replace the [BRACKETED_PLACEHOLDERS] with your details, and run it. Review all clinical content for accuracy before sharing with clients.

Medical Records & Documentation

#1 SOAP Note Draft from Voice Notes

Medical Records

- After an appointment when you have rough voice notes, scribbled observations, or mental bullet points and need to turn them into a structured SOAP note. This is the single biggest time-saver — most DVMs spend 2-3 hours daily on records.

THE PROMPT

You are a veterinary medical records assistant. I'm going to give you my rough notes from a patient visit. Turn them into a properly structured SOAP note with these sections:

****Subjective:**** Owner's reported history, chief complaint, duration, changes in behavior/appetite/elimination. Include signalment (species, breed, age, sex, reproductive status, weight) at the top.

****Objective:**** Physical exam findings in systematic order (general appearance, BCS, vitals, then head-to-tail PE findings). Include any diagnostics performed and results (CBC, chem panel, urinalysis, imaging, etc.).

****Assessment:**** Primary diagnosis or top differential diagnoses (DDx) ranked by likelihood. Note rule-outs if applicable. Include disease stage or grade if relevant.

****Plan:**** Treatment prescribed, medications with dose/route/frequency/duration, diet recommendations, client education provided, follow-up timeline, and any referrals or additional diagnostics recommended.

Use standard veterinary abbreviations (BCS, TPR, BAR, QAR, NSF, WNL, etc.) appropriate for a medical record. Be concise but thorough. Flag anything in my notes that seems clinically incomplete so I can fill gaps before finalizing.

My rough notes:

[ROUGH_NOTES]

Patient info (if not in notes):

[SPECIES_BREED_AGE_SEX_WEIGHT]

EXAMPLE INPUT

8yo MN golden retriever "Cooper" 82lbs, here for limping on right front leg x 3 days.
Owner says it started after playing fetch, worse in the morning, slightly

better after
he moves around. Still eating/drinking fine. No vomiting. On heartworm prevention (Simparica Trio). Vaccinations current. PE – bright alert, BCS 7/9, temp 101.4, HR 90, RR 20. Moderate muscle atrophy right shoulder compared to left. Pain on extension of right elbow, mild crepitus. No swelling or effusion noted. ROM decreased on extension. Rest of PE unremarkable. Took rads of right elbow – see osteophytes on anconeal process, mild sclerosis. Started on carprofen 75mg PO BID x 14 days with food, discussed weight loss plan to get to BCS 5, recommended joint supplement. Recheck in 2 weeks. If not improving, refer to orthopedic surgeon for CT.

EXAMPLE OUTPUT

SOAP NOTE – Cooper

SIGNALMENT: 8-year-old MN Golden Retriever, 82 lbs (37.2 kg)

SUBJECTIVE:

O presents Cooper for right forelimb lameness x 3 days. Onset after playing fetch. Lameness worse in the morning, improves with mild activity. No change in appetite or water intake. No vomiting, diarrhea, or other systemic signs. Current on vaccinations. On Simparica Trio (heartworm/flea/tick prevention).

OBJECTIVE:

General: BAR, ambulatory with mild weight-bearing lameness RFL

BCS: 7/9 (overweight)

TPR: T 101.4F, HR 90 bpm, RR 20 brpm

Musculoskeletal: Moderate muscle atrophy right shoulder vs. left. Pain on extension of right elbow. Mild crepitus right elbow joint. Decreased ROM on extension. No joint effusion or periarticular swelling.

Remainder of PE: NSF

Diagnostics:

- Radiographs, right elbow (2 views): Osteophyte formation on anconeal process. Mild periarticular sclerosis. No fracture or lytic lesions identified.

ASSESSMENT:

1. Right elbow osteoarthritis (primary Ddx) – supported by signalment (large breed, age), chronic onset, crepitus, radiographic changes
2. Rule out: elbow dysplasia (ununited anconeal process), soft tissue injury
3. Overweight (BCS 7/9) – contributing factor to joint disease

PLAN:

1. Carprofen 75 mg PO BID x 14 days – administer with food. Reviewed NSAID GI/renal/hepatic side effects with owner.
2. Weight management: Target BCS 5/9 (~68-70 lbs). Discussed 10-15% caloric reduction, measuring meals, limiting treats. Will provide weight loss handout.
3. Joint supplement: glucosamine/chondroitin/omega-3 – discussed expectations (supportive, not curative).
4. Activity modification: Leash walks only, no fetch or high-impact play x 2 weeks.
5. Recheck 2 weeks for lameness reassessment and weight check.
6. If inadequate response to medical management, refer to orthopedic surgery for

CT +/- arthroscopy of right elbow.

7. Client education provided re: osteoarthritis as chronic progressive condition, multimodal management approach.

- ★ Feed the AI your actual shorthand and abbreviations — it handles veterinary terminology well. The real value is in the structured formatting and the systematic completeness check. If you dictate notes on your phone between appointments, paste the raw transcription directly. The messier your input, the more time you save.

Client Communication

#4 Client-Friendly Diagnosis Explanation

Client Communication

- After diagnosing a condition that requires more explanation than you can comfortably give in a 15-minute appointment — or when you want to send the client something they can re-read at home. Translates medical terminology into language pet owners actually understand, without being condescending.

THE PROMPT

I need to explain a veterinary diagnosis to a pet owner in clear, compassionate language.

Write a client-friendly explanation that includes:

1. **What the diagnosis is** – in plain language, with the medical term mentioned once for reference
2. **What's happening in their pet's body** – a simple, accurate analogy or explanation (no jargon)
3. **How we found it** – brief explanation of the diagnostics and what they showed
4. **What this means for their pet** – honest prognosis, range of outcomes if applicable
5. **What we recommend** – treatment options, in order of preference, with brief rationale
6. **What to watch for at home** – specific signs that mean "call us" or "come in immediately"
7. **What questions they might have** – anticipate 2-3 common owner concerns and address them

Tone: Warm, clear, honest. Not scary, not dismissive. Assume the owner is intelligent but has no medical background. Use the pet's name. Avoid minimizing – if this is serious, say so gently.

Diagnosis:

[DIAGNOSIS]

Patient:

[PET_NAME_SPECIES_BREED_AGE]

Key findings:

[DIAGNOSTIC_RESULTS_AND_FINDINGS]

Treatment plan:

[PLANNED_TREATMENT]

EXAMPLE INPUT

Diagnosis: Immune-mediated hemolytic anemia (IMHA)

Patient: "Rosie" – 5yo FS Cocker Spaniel

Key findings: Presented lethargic, pale gums. CBC showed PCV 18%, reticulocyte count

elevated (8.2%), positive saline agglutination test, spherocytes on blood smear.

Chemistry – mild elevated bilirubin (2.8). No obvious underlying cause found (no tick-borne disease, no recent medications, no toxin exposure).

Treatment plan: Hospitalize for transfusion, start prednisone 2mg/kg BID, add mycophenolate if no response in 48 hrs. Monitoring PCV daily.

EXAMPLE OUTPUT

Understanding Rosie's Diagnosis: Immune-Mediated Hemolytic Anemia (IMHA)

Dear Rosie's Family,

I want to explain what's going on with Rosie and what we're doing to help her, so you have a clear picture of where things stand.

WHAT ROSIE HAS

Rosie has a condition called immune-mediated hemolytic anemia – or IMHA for short. In simple terms, her immune system has made a mistake. Instead of protecting her body, it's attacking and destroying her own red blood cells. Red blood cells carry oxygen throughout the body, so when too many are destroyed, Rosie's body can't deliver enough oxygen to her organs. That's why she's been so tired and her gums look pale.

HOW WE FOUND IT

Her blood tests showed that her red blood cell count is very low – about half of what it should be. But we also found that her body is trying hard to make new red blood cells to replace the ones being destroyed, which tells us her bone marrow is working and responding. A special test on her blood confirmed that her own immune system is the cause of the destruction.

We ran additional tests to look for common triggers (infections, toxins, certain medications), and didn't find an obvious cause. This means Rosie has what we call "primary" IMHA – her immune system misfired on its own.

WHAT WE'RE DOING

Right now, Rosie is hospitalized so we can:

1. Give her a blood transfusion to bring her red blood cell count up to a safer level. This gives her body breathing room while the medications take effect.
2. Start her on a strong immunosuppressive medication (prednisone) to tell her immune system to stop attacking her red blood cells.
3. Monitor her blood levels daily to make sure she's responding.

If she doesn't improve enough in the next 48 hours, we'll add a second medication to give her immune system a stronger signal to stand down.

WHAT TO EXPECT

I want to be honest with you: IMHA is a serious condition. Most dogs do respond to treatment, but it can take days to weeks to stabilize, and some dogs need to stay on medication for months. There is a risk of relapse even after successful treatment. The first 1-2 weeks are the most critical period.

The encouraging signs for Rosie: she's producing new red blood cells (her body is fighting back), and we caught this before she was in crisis.

WHEN TO CALL US (AFTER SHE COMES HOME)

- Gums that look white or yellow
- Sudden weakness or collapse
- Dark orange or brown urine
- Refusing food for more than 24 hours
- Rapid or labored breathing at rest

QUESTIONS YOU MIGHT HAVE

"Did I do something to cause this?" – No. Primary IMHA is not caused by anything you did or didn't do. It's an immune system malfunction, and Cocker Spaniels are one of the breeds with a higher risk.

"Will she need to be on medication forever?" – Our goal is to taper her off over several months. Many dogs eventually come off medication completely, though some need a low long-term dose.

"Can this come back?" – There is a chance of relapse, which is why we'll monitor her bloodwork regularly even after she's feeling better.

We'll keep you updated daily while Rosie is here. Please don't hesitate to call with questions.

[Your Name], DVM

- ★ Send this as an email or print it out — owners absorb less than 40% of what's said in the exam room when they're worried. A written explanation they can re-read at home (and share with family members who weren't present) dramatically improves compliance and reduces frantic after-hours phone calls.

- When a patient is going home after a procedure, hospitalization, or visit with specific care instructions. Replaces hand-scrawled notes and generic pre-printed sheets with clear, patient-specific instructions the owner can actually follow.

THE PROMPT

Write clear, patient-specific discharge instructions for a pet owner. Include:

1. **What we did today** – brief summary in plain language
2. **Medications** – for each medication list: name, what it's for, dose, how to give it, how often, for how long, and any special instructions (with food? refrigerate? etc.)
3. **Feeding instructions** – what to feed, when to start, how much, any restrictions
4. **Activity restrictions** – specific (not just "take it easy"), with duration
5. **Incision/wound care** (if applicable) – what's normal, what's not, E-collar instructions
6. **Warning signs** – specific symptoms that mean "call us immediately" vs. "call during business hours"
7. **Follow-up appointments** – when and what for
8. **What to expect** – normal post-procedure behavior so they don't panic (drowsiness, etc.)

Use short sentences and bullet points. This will be printed or texted to the owner – make it scannable. Include the pet's name throughout. Avoid medical jargon.

Visit details:

[VISIT_SUMMARY]

Medications prescribed:

[MEDICATIONS_WITH_DOSES]

Special instructions:

[SPECIAL_INSTRUCTIONS]

Pet name:

[PET_NAME]

EXAMPLE INPUT

"Biscuit" – 2yo MN domestic shorthair. Dental cleaning under general anesthesia with extraction of right upper canine (104) – tooth was fractured with pulp

exposure, periapical abscess on rads. Also extracted 2 retained deciduous premolars.

Recovered well from anesthesia. Sending home with meloxicam oral suspension 0.1mg/kg SID x 5 days and amoxicillin/clavulanate 62.5mg PO BID x 7 days. Soft food only x 10 days. Recheck not needed unless problems arise.

EXAMPLE OUTPUT

DISCHARGE INSTRUCTIONS – Biscuit

Date: [Current Date]

WHAT WE DID TODAY

Biscuit had a dental cleaning under general anesthesia. We also had to remove three teeth: one upper canine tooth (the large fang on the right side) that was broken and infected, and two baby teeth that never fell out on their own. The infection in the broken tooth was the likely cause of his discomfort. His mouth should feel much better once it heals.

MEDICATIONS

Give all medications starting tonight:

1. Meloxicam oral suspension (pain/inflammation)
 - Dose: Use the syringe provided – give to the 0.4 mL line
 - How: Squirt into the side of Biscuit's mouth or mix into wet food
 - When: Once daily with food
 - Duration: 5 days (last dose: [date])
 - Note: Do NOT give on an empty stomach. Stop and call us if you notice vomiting, dark stool, or loss of appetite.
2. Amoxicillin/clavulanate 62.5 mg tablets (antibiotic)
 - Dose: 1 tablet
 - How: Hide in a pill pocket, soft treat, or crush and mix into wet food
 - When: Twice daily (morning and evening), with food
 - Duration: 7 days (last dose: [date])
 - Note: Give the full course even if Biscuit seems fine. Do not skip doses.

FEEDING

- Tonight: Offer a small amount of wet food (about half his normal portion) 2-3 hours after arriving home. He may not be interested – that's normal.
- Next 10 days: Soft/wet food ONLY. No dry kibble, no hard treats, no crunchy anything. The extraction sites need time to heal.
- After 10 days: Gradually reintroduce dry food if desired.
- Water: Available at all times.

ACTIVITY

- Biscuit may be groggy or wobbly tonight from anesthesia. Keep him in a quiet, warm room. Do not let him jump onto high surfaces until fully alert.
- No need for long-term activity restriction – normal activity is fine tomorrow.

WHAT'S NORMAL TONIGHT

- Drowsiness, unsteady walking (wears off by morning)
- Slight drooling, possibly pink-tinged (small amount of blood is normal)
- Reduced appetite for 12-24 hours
- A small amount of swelling around the extraction sites

CALL US IMMEDIATELY IF YOU SEE:

- Bleeding that doesn't stop within 20 minutes of gentle pressure
- Refusal to eat for more than 24 hours
- Excessive drooling, pawing at the mouth, or facial swelling after day 2
- Vomiting more than once
- Extreme lethargy or difficulty breathing

CALL DURING BUSINESS HOURS IF:

- Mild decrease in appetite lasting more than 2 days
- Bad breath that worsens rather than improves
- Questions about medications

FOLLOW-UP

No recheck appointment is needed unless you notice any of the concerns listed above. If Biscuit seems uncomfortable after the meloxicam course ends, call us to discuss additional pain management.

Questions? Call us at [Phone Number].

- ★ Text or email these instructions in addition to printing them. Studies show clients who receive written discharge instructions in a digital format they can reference later have significantly better treatment compliance. If your PIMS supports automated discharge summaries, use this prompt to create templates for your most common procedures and load them in.

Practice Marketing

#23 Social Media Post from Case (De-identified)

Practice Marketing

- When you've had an interesting case, a great outcome, or a patient story that would make compelling social media content — but you need to remove identifying details, keep it educational, and avoid anything that could look like showing off or violating client confidentiality.

THE PROMPT

Turn the following veterinary case into an engaging social media post.

Requirements:

1. De-identify completely – change the pet's name, do not mention owner name, and remove any details that could identify the client
2. Tell it as a story: what happened, what we found, what we did, how it turned out
3. Include one educational takeaway the audience can apply to their own pets
4. Keep it to **[PLATFORM]** length and style:
 - Facebook: 150-250 words, conversational
 - Instagram: 100-180 words + suggest hashtags
 - TikTok script: 30-60 seconds of spoken narration
5. Include a call to action (schedule a checkup, ask us about X, share if you relate)
6. End with a question to drive engagement

Do NOT: use the real pet's name, include graphic medical details, or make it sound like an advertisement. Educational and storytelling content outperforms promotional content.

Platform:

[PLATFORM]

Case summary (will be de-identified):

[CASE_DETAILS]

Educational takeaway you want to highlight:

[KEY_LESSON]

EXAMPLE INPUT

Platform: Facebook

Case: 4yo MN French Bulldog presented for "being lazy" x 2 weeks. Owner thought he was just tired. Exam found pale gums and tachycardia. CBC showed

PCV 15% – severely anemic. Abdominal ultrasound revealed a bleeding splenic mass. Emergency splenectomy performed. Histo came back as benign hematoma. Dog made a full recovery. Owner had no idea anything was that wrong. Educational takeaway: Subtle behavior changes (sleeping more, less interested in walks) can be signs of serious illness in dogs. When in doubt, get checked.

EXAMPLE OUTPUT

A little bulldog came in last week because he'd been "lazy" for about two weeks.

His family almost didn't bring him in – figured he was just having an off week. But something felt different enough to make the appointment.

When we examined him, his gums were pale instead of their normal pink, and his heart was racing. We ran bloodwork and found that his red blood cell count was critically low. An ultrasound showed why: a mass on his spleen had been slowly bleeding internally.

He went into emergency surgery that same afternoon. We removed his spleen, and the best part? The mass turned out to be benign – a hematoma, not cancer. He went home two days later with a full recovery ahead of him.

His family saved his life by trusting their gut that something wasn't right – even though "being lazy" didn't seem like an emergency.

Here's the takeaway: dogs don't tell us when something's wrong. Changes in energy, appetite, or enthusiasm that last more than a few days are always worth a conversation with your vet. "He's just slowing down" is sometimes true – and sometimes it's a sign that something is happening on the inside that we can fix if we catch it.

Has your pet had a behavior change that turned out to be something more?
We'd love to hear your story.

– The team at [Practice Name]

- ★ Case-based content consistently outperforms generic pet health tips on social media. The story arc (mystery, discovery, resolution) creates engagement. Always get written consent from the client before posting, even with de-identification — it's an ethical best practice and many clients are thrilled to have their pet's story shared. Photo with the post increases engagement 3-5x, so ask the client if they'll share a picture of their recovered pet.

- Every single time someone leaves you a positive Google review. 87% of consumers check reviews before choosing a business, and responses to positive reviews matter almost as much as the reviews themselves. Potential clients are reading your responses to judge whether you're personal and engaged.

THE PROMPT

Write a personalized response to a positive Google review for a veterinary practice.

The response should:

1. Thank them by name
2. Reference something specific from their review (not a generic "thanks for the kind words")
3. Mention the pet by name if they named the pet
4. Keep it warm and genuine – not corporate
5. Be brief (3-5 sentences)
6. Include a subtle forward-looking element (looking forward to seeing [pet] again)
7. Do NOT include: the practice phone number, promotional language, or requests to refer friends – keep it authentic

Tone: Warm, personal, genuinely grateful. Like responding to a compliment from a friend.

The review:

[REVIEW_TEXT]

Reviewer name:

[REVIEWER_NAME]

EXAMPLE INPUT

Review: "We've been bringing our cats here for 5 years and Dr. Patel is absolutely amazing. She's so patient and gentle with my very anxious cat Noodle who hates going to the vet. The new fear-free approach has made such a difference.

Noodle actually purred during his last exam! The whole staff is wonderful. Highly recommend."

Reviewer: Jennifer S.

EXAMPLE OUTPUT

Jennifer, this made our whole day – especially the part about Noodle purring during his exam! Dr. Patel will be thrilled to hear that. We know vet visits aren't Noodle's favorite activity, so the fact that he's feeling more relaxed

is exactly what our fear-free approach is designed for. Five years with your family is a privilege, and we're grateful for your trust. Give Noodle a chin scratch from us!

– The [Practice Name] Team

- ★ Respond within 24-48 hours. Speed signals that you're engaged and attentive. Batch your review responses weekly — set a recurring 15-minute block and handle them all at once. When potential clients scroll through your reviews, the ones with personal, specific responses from the practice stand out dramatically from the ones with no response or generic "Thanks for the 5 stars!" replies.

Want the Full Toolkit?

The full Veterinarian's AI Toolkit covers your entire practice workflow — from medical records to practice management.

Standard — \$39

- 31 copy-paste AI prompts with compliance guardrails
- Real examples with every prompt
- Pro tips grounded in veterinary best practices
- Workflow map, prompt chains, and quick-reference cheat sheet
- Customization guide for adapting prompts to your practice

Pro — \$69

Everything in Standard, plus 30+ advanced prompts (60+ total):

- Species-specific variants for cats, dogs, and exotics
- Specialty-adjacent communication: oncology, behavioral, cardiology
- Practice growth: partnership proposals, fee increase announcements, training curricula
- Multi-location management: cross-location SOPs, unified brand messaging
- Financial reporting: KPI dashboards, revenue narratives
- Emergency protocols and controlled substance documentation

Get the toolkit at: aitoolkitshop.com/veterinarians/

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