

Veterinary Practice

Internal Controls Checklist

Note: This is not meant to be an all-inclusive checklist.

Employees

- | | | | | | |
|---|---|-----|--------------------------|----|--------------------------|
| 1 | Are any of your employees extremely possessive of their work records and reluctant to share their tasks? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2 | Are any of your employees apprehensive about vacations and time off, while always being the first in the office and the last out? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3 | Have you noticed a substantial change of lifestyle in any of your employees? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4 | Do any of your employees have a possible substance abuse problem? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5 | Are any of your employees living beyond their means? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6 | Have you ever hired an employee before checking references? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7 | Do you permit your accounting personnel to work longer than a year without taking a vacation? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Segregation of Duties

- | | | | | | |
|---|--|-----|--------------------------|----|--------------------------|
| 1 | Is the same person responsible for multiple duties? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2 | Is the person who handles your cash also responsible for recording the cash? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3 | Does the person who pays or orders inventory also receive the materials? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4 | Are two or fewer people responsible for the accounting function? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5 | Are reconciliations performed by one person and reviewed by another. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6 | Does the person who writes the checks have the authority to sign checks. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Cash/Deposits

- | | | | | | |
|---|---|-----|--------------------------|----|--------------------------|
| 1 | Are payments classified as cash/check/credit card/other on the day sheet or in the computer system? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2 | Is a deposit slip prepared daily and reconciled to the day totals? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3 | Is a deposit made daily? If not, is the deposit held in a secure place? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Veterinary Practice

Internal Controls Checklist

Note: This is not meant to be an all-inclusive checklist.

- | | | | | | |
|---|---|-----|--------------------------|----|--------------------------|
| 4 | Are duplicate or voided deposit slips accounted for? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5 | Are voided transactions approved by the owner? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6 | Are adjusted transactions, or changes in payment method, approved by owner? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7 | Are deposits made by different person preparing deposit slip? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8 | Does owner review client write-offs and adjustments? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 9 | Does owner review and approve client receivable write-offs? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Disbursements/Payroll

- | | | | | | |
|----|---|-----|--------------------------|----|--------------------------|
| 1 | Are bank statements opened only by the owner? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2 | Are cancelled checks and deposit slips returned with your monthly bank statement? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3 | Do you review cancelled checks and endorsements on a monthly basis? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4 | Do you compare payroll checks with your current employee records? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5 | Do you verify hours and salaries called into payroll? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6 | Are bank reconciliations performed on a timely basis? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7 | Do you review the reconciliations each month? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8 | Do you ever sign blank checks? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 9 | Do you ever sign checks without original supporting documentation? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 10 | Do you ever sign checks for new business vendors without knowing or verifying their name and association with your company? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Other Areas

- | | | | | | |
|---|---|-----|--------------------------|----|--------------------------|
| 1 | Are blank check stocks and signature stamps safely secured? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2 | Do you restrictively endorse all checks when received? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |