

VETERINARY EMERGENCY REFERRAL GROUP, INC.
8921 KATY FRWY
HOUSTON, TX 77024
PHONE: 713/932-9589 FAX: 713/932-0223

CASE REFERRAL SHEET

CLIENT: _____ PHONE: _____

PATIENT: _____ AGE: _____

REFERRING HOSPITAL/VETERINARIAN: _____

PHONE TO CONTACT DOCTOR: _____ () HOME () CELL

TENTATIVE DIAGNOSIS: _____

PROGNOSIS: _____

ALLERGIES: _____

MEDICATIONS GIVEN:

1. _____ LAST DOSE GIVEN AT _____ AM/PM

2. _____ LAST DOSE GIVEN AT _____ AM/PM

3. _____ LAST DOSE GIVEN AT _____ AM/PM

4. _____ LAST DOSE GIVEN AT _____ AM/PM

5. _____ LAST DOSE GIVEN AT _____ AM/PM

FLUIDS GIVEN:

NORMOSOL R / LRS / 0.9% NaCL / PLASMA-LYTE ML/DAY _____

0.45% SALINE + 2.5% DEXTROSE ML/DAY _____

5% DEXTROSE ML/DAY _____

HETASTARCH OR HYPERTONIC SALINE ML/DAY _____

OXYGLOBIN ML/DAY _____

FFP / PRBC / FWB ML/DAY _____

OTHER: _____ ML/DAY _____

LAB WORK FAXED () YES () NO **X-RAYS SENT** () YES () NO

CPR CODE: YES NO (PLEASE CIRCLE ONE)

It is understood that the code status is the decision of the owner.