

OVERNIGHT CARE/TRANSFER FORM



Date: _____

Please feel free to use this form as the cover sheet when faxing records.

Number of pages, including cover _____

Client & Patient Information

Patient Name: _____ Patient Species: Canine/Feline
Breed: _____ Age: _____ Gender: Female/Male; Intact/Spayed/Neutered

Client Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Client Phone(s): _____

Referring Veterinarian & Clinic Information

Referring DVM: _____ Hospital: _____
Phone: _____ Fax: _____ Email: _____

After hours contact name and phone: _____

Call me any time. Call me any time before _____:00 PM AM. After this, please contact the client.

In all cases, the referring DVM must provide contact information for after hour's contact in case of emergency

Brief Case History: Please include all pertinent information including but not limited to laboratory and other diagnostic reports, concerns, current Rx (including pre-, peri- and post-op). Hard copy radiographs will be promptly returned if provided with client.

Type of Referral:

As the referring veterinarian my expectations for this case are as follows (check one):

- Overnight care and return in the morning
- Overnight care and discharge home from Four Seasons; send discharge instructions
- Case transfer for hospitalization, diagnostics and treatment
- Add on the following procedure(s): _____
 - Repeat radiographs, blood work, etc.

Checklist:

- Four Seasons Veterinary Specialists contacted (970) 800-1106
- Treatment form with treatment plan filled out and faxed
- All medications, IVF and treatments provided to owner for overnight care
- Injectable controlled substances brought by veterinary staff to Four Seasons Vet Specialists

Thank you for your referral!

IMPORTANT NOTE: In recognition of changes in patient condition, doctor's evaluation and client wishes, Four Seasons Veterinary Specialists reserves the right to change diagnostic or therapeutic plans for any patient when good clinical judgment dictates.