

Emergency Pet Care of Round Rock



301 Chisholm Trail Round Rock, Tx 78681
 512 961-5200 Fax 512 961-5201
 Monday thru Thursday 6pm-7am, Friday 6pm – Monday 7am

Case Referral Information (Please provide copies of records, lab work & X-Rays)

Referring Vet Clinic: _____
 Referring Vet: _____ Vet Contact #: _____
 Client Name: _____ Client Contact #: _____
 Patient Name: _____ Diagnosis: _____
 Allergies: _____

LAB WORK

1. _____
2. _____
3. _____

SPECIAL FOOD

Medications **ALREADY** Administered: (PLEASE INDICATE TYPE, AMOUNT, ROUTE & TIME)

Medication:	Amount:	Route:	Time:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medications **TO BE** Administered: (PLEASE INDICATE TYPE, AMOUNT, ROUTE & TIME)

Medication:	Amount:	Route:	Time:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Fluids: Type: _____ Rate: _____

Do you want this pet to return for continued care at your clinic in the morning? NO YES _____am/pm

Would you like to notified of any major changes of issues during the night? NO YES

If so, latest time to call _____am/pm/anytime

Special Notes: _____

