

# 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_