

## Referral Form

**Referring Veterinary Practice:**

**Patient Details:**

Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Breed: \_\_\_\_\_  
Sex: M F Desexed: Y N Age: \_\_\_\_\_

**Current Problem List/Diagnosis:**

**Referral to Animal Emergency Care for:**

**A - Overnight Care** **\$170**

If there are any concerns overnight then please contact:

- Name: \_\_\_\_\_ Contact phone number: \_\_\_\_\_  
 AEC vet (or if above contact unable to be reached) - \$30 surcharge applicable.

Treatments required overnight:

<u>Medication:</u>	<u>Dose needed (mgs):</u>	<u>Route:</u>	<u>Frequency:</u>	<u>Time last given:</u>

Fluid therapy required overnight:

- IV catheter care only – IV to stay in place but no fluids required.  
 Fluid Type: \_\_\_\_\_ Rate: \_\_\_\_\_ mls/hr. Volume given prior to arrival: \_\_\_\_\_ mls.

**All Overnight Care patients are discharged back to their referring vets prior to 9am the next morning.**

If receiving your patients back at this time is not convenient then please phone AEC to discuss options.

- Please invoice our Client     Please invoice our Practice (call AEC to organise if using this option for 1<sup>st</sup> time)

**B - Further assessment and treatment**

Please contact AEC to discuss your patient’s needs and to obtain an estimate of costs likely to be incurred.

- Full Patient History:     Emailed/Faxed     Sent with Patient  
Lab Results:             Emailed/Faxed     Sent with Patient             None performed  
Radiographs:            Emailed             Sent with Patient             None performed

**By submitting this form you acknowledge that if, on arrival, a patient is assessed by an AEC vet as not meeting the criteria for Overnight Care, then AEC will provide further treatment as per referral Option B.** If contact details have been provided then AEC will make every attempt to contact referring vets should this happen.

**Thank you for entrusting us with your patient’s care**