

# Referral Form

## Fort Collins Veterinary **Emergency** & Rehabilitation Hospital

816 S. Lemay Ave., Fort Collins, CO 80524

970-484-8080 Fax: 970-484-8111

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Veterinary Hospital: \_\_\_\_\_ DVM: \_\_\_\_\_

Phone number where referring veterinarian can be reached overnight \_\_\_\_\_

Client Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Signalment: \_\_\_\_\_

Diagnosis/Tentative Diagnosis \_\_\_\_\_

What is your overnight/weekend plan for this patient at VERH? (Please note, overnight care is only intended for patients who can be either discharged, or returned to referring clinic after one night in the hospital. Longer stays are treated as regular transfers.)

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Please:

### 1. For Overnight Care:

\* Please call our staff VERH veterinarian to review the case and be sure patient qualifies for overnight care.

\* Completely fill out treatment sheet orders – include treatments in your clinic today & overnight plan.

(treatment sheet form can be printed from our web page)

\* Send all supplies your patient will need for the night, excluding injectable, controlled medications.

(please refer to Overnight Care Summary that can be found on our web page to review what is included)

### 2. For All Referrals:

\* Please call VERH with patient update and time of arrival

Regular referral \_\_\_\_\_ Overnight care: Medical Management \_\_\_\_\_ Overnight care: Medical Management + Ucath \_\_\_\_\_

Overnight care: Orthopedic \_\_\_\_\_

Patient is arriving with a copy of the records, lab results, and/or radiographs.

Patient will not have a complete file and records will be faxed

Brief Pertinent History:

Diagnostics Performed and Results:

Known Medical Allergies:

Who is picking up your patient in the morning? (by 7:30 a.m.) \_\_\_\_\_

Is your patient going home or back to your clinic? \_\_\_\_\_

Do you wish to be contacted regarding changes in patient's status? Yes No

**\*\*Please encourage owners to pick their pets up from FCVERH between 7-7:30am. \*\***  
Exceptions can be arranged.