



2000 N. Mays Ste. 112 Round Rock, TX 78664

Hours of operation: 24 hours/365 days

Main Line 512-671-6252 Fax Line 512-733-8573

Case Referral Information (Please enclose copies of records, labwork & X-Rays if possible)

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

Medications given: (Please indicate amount, route & time)

	Medication:	Amount:	Route:	Time:
1				
2				
3				

Medications to be given: (Please indicate type, amount, route & frequency)

	Medication:	Amount:	Route:	Frequency:
1				
2				
3				

Fluids Type: _____ Rate: _____

Lab Procedures Requested:

1 _____
 2 _____
 3 _____

Diet: _____

Do you want this pet back for continued care in the morning? NO YES at ___:___ am

Would you like to be contacted with major changes during the night? NO YES

If yes, do NOT call after _____ am/pm. If left blank call at any hour.

Additional Comments: _____

