



BEVS

Burlington Emergency & Veterinary Specialists

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BEVS Emergency Referral Form

Date: _____ Referring Veterinarian: _____
 Owner's Name: _____ Referring Hospital: _____
 Pet's Name: _____ What number can we contact you at while this patient is hospitalized? () _____

Please provide us with a brief medical / surgical history:

Alerts: _____

Does the patient have pre-existing medical problems or allergies?

Treatment Plan:

Medications	Dose	Route	How often	Date/time last given
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Fluid Therapy:

Type of Fluid	Additives	Route	How often/ Rate	When to discontinue
1 st bag: _____	_____	_____	_____	_____
2 nd bag: _____	_____	_____	_____	_____
3 rd bag: _____	_____	_____	_____	_____

Please list any diagnostics to be performed and specify time intervals:

Lab test	How often
_____	_____
_____	_____

Please specify diet and exercise restrictions if applicable: _____

Comments: _____

PLEASE FORWARD CURRENT LAB RESULTS, RADIOGRAPHS AND/OR SURGICAL REPORTS.