

## FLAT RATE STABLE PATIENT MONITORING

Please have referring DVM fill out this form and fax or email along with pertinent records for this patient to AEC ([\(360\) 671-5870](tel:3606715870)) or [info@animalemergencycare.net](mailto:info@animalemergencycare.net). The cost for this service is \$174.00.

Note: This is intended for use for stable patients only. Please reference our flow sheet to determine if your patient qualifies. The veterinarian will examine these patients and review the treatment plan provided by the rDVM. This policy change is to remain compliant with Washington State law and prepare for potential changes in the patient's condition.

DATE

CLINIC REFERRING PATIENT

DOCTOR REFERRING PATIENT

AFTER HOURS PHONE # TO REACH DOCTOR IN CASE OF QUESTIONS

CLIENT NAME

PET NAME

BREED

AGE

SEX

NEUTERED?

Current presenting illness, diagnosis

TREATMENTS to be administered while tonight (please send all medications that this patient needs)

<b>Name</b>	<b>Dosage</b>	<b>Route</b>	<b>Time(s) to be given</b>
1			
2			
3			
4			
5			

Will this patient be receiving IV fluids? \* Please have a working IV catheter in place & send enough IV fluids for the entire night.

Yes

No

Type of fluids (note any additives)

Rate of administration

Would you like the pet to be fed?

Yes

No

What time and how much?

We carry most Hill's canned foods except for the limited ingredient diets, though we do carry Z/d.

Would you like the patient to have free access to water?

Yes

No

If no, please give instructions

Any known allergies (drugs or food)?

Other instructions for monitoring overnight

If we deem it appropriate, may we give additional pain medications to this patient? (additional costs apply)

Yes

No

## **CLIENT TO READ AND SIGN DURING DROP-OFF AT ANIMAL EMERGENCY CARE**

Please understand that your pet has been referred for nursing care through the night at our hospital. The "Flat Rate Transfer Fee" means our nursing staff will be taking care of your pet according to your own doctor's instructions. You will be contacted, and recommendations for care will be made if your pet's condition deteriorates & further care is needed. This means the "Flat Rate Transfer Fee" will no longer apply. At this time an estimate for further care will be given to you over the phone prior to treatment administration.

I understand the above statement and agree to the terms stipulated.

NAME (print please)

PHONE NUMBER

SIGNATURE

DATE