Central Texas Veterinary SPECIALTY & EMERGENCY HOSPITAL

Powerful medicine. Exceptional care.

Program Requirements
- Stable Patient
- Diagnosis
- Prognosis
- Treatment Plan
- All above discussed with client

Continued Care Form

**Please call before sending patients*

CASE INFORMATION **Date:** ____________________

Client: ______________________________ Phone: ______________________________

Patient: ______________________________ Age ________ Vaccinations Current?

Referring Hospital/Veterinarian: ______________________________

Referring Veterinarian Contact #: ______________________________ Other: ______________________________

Tentative Diagnoses: ______________________________

Allergies: ______________________________ Prognosis: ______________________________

Medications Given:	**Amount**	**Route**	**Time**	**Last:** (Time)
1. ______________			_______	URINE: ____________
2. ______________			_______	VOMIT: ____________
3. ______________			_______	BM: ____________
4. ______________			_______	
5. ______________			_______	Meals: ____________
Total Fluids Given: ______________		(ML)	_______	

Medications to Administer	**Amount**	**Route**	**Frequency**
1.______________			______Q______H
2.______________			______Q______H
3.______________			______Q______H
4.______________			______Q______H
5.______________			______Q______H

Fluids to Administer: Circle if Desired **Amount** **Route**

Type:

__________ ML/HR

Additives: ______________________________

Lab Procedures Desired **Time** **Diet:**

1. ______________________________
2. ______________________________
3. ______________________________

Notify the Dr. or Owner if: ______________________________

For additional requests or comments please reach out to your nearest CTVSEH EC doctor

SOUTH
4434 Frontier Trail • Austin, TX 78745
Tel: (512) 892-9038 • Fax: (512) 892-7811
24-Hour Emergency Care: (512) 899-0955

NORTH
12034 Research Blvd Svrd SB, Ste 8 • Austin, TX 78759
Tel: (512) 331-6121 • Fax: (512) 331-6591
24-Hour Emergency Care: (512) 331-6121

ROUND ROCK
301 Chisholm Trail • Round Rock, TX 78681
Tel: (512) 892-9038 • Fax: (512) 961-5201
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