



PET EMERGENCY

BABYSIT/AFTER HOURS REFERRAL

It is essential that you, your client and our Pet Emergency veterinarian know who is responsible for each patient. We are happy to assist you in the management of cases, or to take full responsibility if you wish.

OPTIONS

YOU REMAIN THE PRIMARY CLINICIAN

- We are working for you, will bill you, and will take direction from you
- You or your staff will bring the patient to Pet Emergency
- You are responsible for clinical decisions, will write the treatment plan, and direct treatment—so you will need to be contactable
- You will communicate with the client about decisions and we will restrict our communication with them to basic health information

YOU ASK PET EMERGENCY TO BE THE PRIMARY CLINICIAN

- We are working for the client and we will bill them
- The client should bring the patient to Pet Emergency
- We will assume responsibility for clinical decisions and the treatment plan
- We will return the patient to your clinic at a time of your choosing

Please take the time to:

- read the information below, and choose one of the options
- fax both pages back to Pet Emergency

TREATMENT DIRECTIVE

OPTION A

I wish to retain direct control of this patient's treatment. I understand that Pet Emergency will communicate with me and not the owner, and will bill my clinic.

24-hour contact number

my treatment plan is attached

OPTION B

I wish to nominate Pet Emergency as the primary clinician. I understand that Pet Emergency will communicate directly with the client, will make necessary diagnostic and treatment decisions, and will bill the client.

treat this patient until discharge

return patient to my care on

OPTION C

I wish to refer this patient to Queensland Veterinary Specialists

medicine service

surgery service

other

REFERRING VETERINARIAN DETAILS

name

signature

date



PET EMERGENCY

BABYSIT/AFTER HOURS REFERRAL

CLIENT

name

other contact

phone numbers (please provide 2):

home work

mobile

address

..... postcode

HISTORY

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DIAGNOSIS

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PATIENT

name

dog cat other

breed

age sex

colour

TREATMENT TO DATE

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REFERRING VETERINARIAN DETAILS

referring clinician

clinic name

phone fax

ATTACHMENTS

pathology reports

radiographs