



COLORADO VETERINARY SPECIALISTS

SERVING VETERINARIANS OF COLORADO AND THEIR CLIENTS

Overnight Observation Form

Referring Veterinarian: _____

Referring Hospital: _____

Patient Name: _____

Date of Birth/Age: _____

Species: _____

Breed: _____

Color: _____

Sex: Female Female Spayed Male Male Neutered

Client Name: _____

Address: _____

City, State, Zip: _____

Phone (Home): _____

Phone (Work): _____

Phone (Other): _____

Drivers License #: _____

Date of Birth: _____

For Referring Veterinarian Use Only

Transfer For:

Referral for additional diagnostics and/or 24-hr continued care

Overnight observation only (referring veterinarian must complete 2nd page)

History / Treatments / Notes:

I authorize Colorado Veterinary Specialists to treat the above described patient. I further understand that no guarantee of successful treatment is made and I will not hold Colorado Veterinary Specialists responsible for my pets' recovery. I am aware that there are charges for treatments and medications, and agree to pay all charges incurred by the time of release of my pet. Late payments are subject to a late charge of 1.5% each 30 days or less. Any collection costs including reasonable attorney's fees will be borne by customer.

Client Signature: _____

Date: _____

Patient: _____

For Overnight Observation Patients Only

Date: _____

PLEASE HIGHLIGHT OR CIRCLE AS APPROPRIATE		10a	4p	10p	4a	PLEASE HIGHLIGHT OR CIRCLE AS APPROPRIATE					
		10 a	4 p	10 p	4 a	T	P	R	MM	CRT	Attitude
ANTIBIOTICS	Ampicillin IV (_____mg)										
	Cefazolin IV (_____mg)										
	Metronidazole IV/PO (_____mg)										
	Amikacin IV (_____mg)										
	Enrofloxacin IV/IM/PO (_____mg)										
	Amoxicillin PO (_____mg)										
	Clavamox PO (_____mg)										
	Cephalexin PO (_____mg)										
ANALGESICS/ NARCOTICS	Buprenex IM/SQ (_____mg)										
	Torbugesic IM/SQ (_____mg)										
	Morphine IM/SQ (_____mg)										
	(_____mg)										
	(_____mg)										
OTHER MEDS	Famotidine IV/PO (_____mg)										
	Furosemide IV/SQ/PO (_____mg)										
	Prednisolone IM/SQ/PO (_____mg)										
	Dexamethasone IV/SQ (_____mg)										
	Reglan IV/SQ/PO (_____mg)										
FLUIDS	LRS										
	Normosol-R										
	0.9 NaCl										
	IV @ _____ml/hr										
	Fluid Rate										
CVS Tech Notes:											

Overnight Observation Definition: Overnight observation is intended for stable patients that require observation of medical status, and/or administration of intravenous fluids, oral medications, and injectable medications, with initial case review and availability of Colorado Veterinary Specialists clinician, if needed. Overnight observation is not intended for unstable patients that need the active involvement of a Colorado Veterinary Specialists clinician for management of patient care.

Fees: The overnight observation fee includes all items pre-printed on this form. Fees for any items not pre-printed on this form will be charged at normal Colorado Veterinary Specialists rates. All fees should be billed to: Client Directly to Referring Veterinarian.

Authorization: I, the undersigned veterinarian, authorize the on-duty veterinarian at Colorado Veterinary Specialists to change the above prescribed treatment protocol if deemed medically necessary or appropriate. The on-duty veterinarian should: Make changes as necessary Contact me first up until: (10 p.m. Midnight Anytime Other _____).

Referring Veterinarian Signature: _____ Date: _____