



Overnight Care Form

Please complete the following:

- Contact RVVS staff to review the case and ensure that the case qualifies for overnight technician care.
- Please ensure that any post-op patients are recovered enough to be ambulatory upon time of transfer to RVVS.
- Completely fill out this transfer form along with overnight treatment orders. *Please highlight or circle* times that medications are due to be given.
- Send all planned supplies, medications, and food your patient will need for overnight stay.
- Label all medications, IV fluids, and CRIs properly with drug name, concentration, and rate or route to be administered.
- Send all controlled substances pre-dosed and drawn up into syringe(s).**

Family Veterinarian Information.

Veterinarian	Veterinary Clinic	Hospital Phone #
Phone # to reach veterinarian overnight	Hospital E-mail	

Client/Patient Information.

Client name	Phone #	Patient Name		
D.O.B./Age	Sex	Species	Breed	Color(s)

Pertinent History: _____

Recent Diagnostics (please attach results): _____

Known allergies: _____

Who will be picking up patient and bringing him/her back to your clinic? _____

Pick-up time: _____ (Preferred pick up between 7:30 and 8am)

***We do not discharge patients to go home with the owner but back to your hospital with the owner. This is to ensure that you are given the chance to assess the patient before it is sent home, and to allow you or your staff to review your discharge instructions with the owner(s).**

We will directly bill your clinic after overnight care. RVVS will not discuss overnight costs with your client to allow you to charge appropriately for transport, additional treatments and being available by phone throughout the night. Most clinics using overnight care services will add \$50-\$100.

Please indicate EITHER CPR or DNR:

CPR: _____ In the event that the patient experiences respiratory and/or cardiac arrest while in the care of RVVS, I authorize the use of basic life saving procedures. RVVS agrees to contact the owner as soon as possible if this were to occur. There will be an additional cost of approximately \$250 associated with CPR that is not included in the overnight care cost.

DNR: _____ In the event that the patient experiences respiratory and/or cardiac arrest while in the care of RVVS, I DO NOT authorize the use of basic life saving procedures. RVVS agrees to contact the owner as soon as possible if this were to occur.

