



Date: _____ Time: _____

Please include radiographs, copies of laboratory/diagnostic tests and a summary of the medical records. Referral information may be emailed, faxed, or sent with the client. Phone consultations with the veterinarian in charge of the case are welcomed and encouraged. Please have your client call to schedule an appointment after medical history has been provided.

EMERGENCIES

Dulles South Animal Emergency and Referral Hospital will accept patient transfers between the hours of 6am-midnight. Please complete this form so we have an understanding of any diagnostics that have been done, as well as intended treatment plan. If needed, our veterinarian will contact you to discuss the case and plan.

Once a patient is transferred, our veterinarian will assess and amend the treatment plan as necessary to provide the standard of care. After midnight, our veterinary technicians and support staff will provide direct care for the patients under the direction of a veterinarian on call. There may be some circumstances where the condition of the patient necessitates intervention by a criticalist or other specialist, in which case our DVM's will discuss recommendations with the owner and amend the plan as needed.

rDVM Information

Hospital Name: _____ Referring Veterinarian: _____

Hospital Phone: _____ Fax: _____ Email: _____

Preferred method to update you on case: Phone Fax Email Best time to call: _____ AM PM

Client Information

Client Name: _____ Home Phone: _____ Cell Phone: _____

Patient Information

Patient Name: _____ Species/Breed: _____

Age: _____ Weight: _____ Vaccinations Current? Yes No Sex: Male Female Neutered Spayed

Patient Medical Information

Condition of Patient: Healthy Stable Critical Moribund Allergies? _____

Presenting Problems/Diagnosis:

Diagnostic Results/Treatments/Medications:

Concerns/Requests:

Documents & Records - check all that apply

Medical Records/Diagnostic Results Emailed

Medical Records/Diagnostic Results Faxed

Radiographs sent with patient

Medications sent with patient

Radiographs Emailed

PHONE: (703) 327-0871

25067 Elk Lick Rd. South Riding, VA 20152

FAX: (703) 327-3969

DULLESVETS.COM | INFO@DULLESVETS.COM

SURGERIES

Diagnostic Information

Anesthetic risk classification if known? _____

Allergies/medication Reactions? _____

Diagnostic Results/Treatments/Medications::

Service Requests:

Services Requested - Post Op Requests:

Cold Laser Therapy Monitoring overnight & transfer back to rDVM Total Post-Op care (including follow up visits)
Outpatient Surgery Only Surgery Consultation Only

REHABILITATION

Diagnostic Information

Are there any cardiac concerns? _____

Allergies? _____

Presenting Problems/Diagnosis:

Diagnostic Results/Treatments/Medications:

Service Requests:

Services Requested - Post Op Requests:

Evaluate and Treat – May include PROM, TENS unit, Cryo/Thermal therapy, therapeutic exercises, underwater treadmill, and home therapy development.

Underwater Treadmill Only - Wellness/weight loss/conditioning.



DULLES SOUTH
ANIMAL
EMERGENCY &
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