



**North Coast Emergency Vets 0424 054 056**  
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**www.northcoastemergencyvets.com**  
**14 River St, Ballina, NSW 2478**

## IDEAL CARE MONITORING REFERRAL FORM

### OWNER DETAILS

Title..... Given Name(s).....  
Surname .....  
Address .....  
.....  
State ..... Postcode .....  
Phone Number 1) .....  
Phone Number 2) .....  
Phone Number 3) .....

### PET DETAILS

Name .....  
Breed ..... Colour .....  
Sex M  F  Desexed? Y  N  Age.....

### Referring Vet

Name .....  
Practice .....  
Phone ..... Fax: .....  
email .....

### Patient History Summary & Diagnosis

.....  
.....

### Medications (please only send oral medications, we will give up to two injectables required per 12hr period)

Drug .....	Due .....	Provided Y <input type="checkbox"/> N <input type="checkbox"/>
Drug .....	Due .....	Provided Y <input type="checkbox"/> N <input type="checkbox"/>
Drug .....	Due .....	Provided Y <input type="checkbox"/> N <input type="checkbox"/>
Drug .....	Due .....	Provided Y <input type="checkbox"/> N <input type="checkbox"/>
Drug .....	Due .....	Provided Y <input type="checkbox"/> N <input type="checkbox"/>

### Intravenous Fluid Therapy

Fluid Type ..... Rate ..... ml/hr

### Specific Instructions and Information (e.g. bladder checks, turning, aggressive, NPO, water only)

.....  
.....

### Who to Call if the Treatment Plan Changes

- Call vet first to discuss the case Number .....
- Call owners to discuss and gain consent, but update vet as well
- Call owners only

### Who to Bill

- Bill the Practice (to be paid within 14days of invoice)
- Bill the client directly (to be paid on discharge of the patient)

### CHECKLIST

- |   |                          |                                      |                          |
|---|--------------------------|--------------------------------------|--------------------------|
| 1) MONITORING REFERRAL FORM COMPLETED   | <input type="checkbox"/> | 4) FLUID BAGS & GIVING SETS PROVIDED | <input type="checkbox"/> |
| 2) HISTORY & LAB RESULTS FAXED (02 6686 4889) or EMAILED office@northcoastemergencyvets.com | <input type="checkbox"/> | 5) ORAL MEDICATIONS SUPPLIED         | <input type="checkbox"/> |
| 3) IV CATHETER PLACED   | <input type="checkbox"/> | 6) NO INJECTABLES OR S8s             | <input type="checkbox"/> |

**Open Friday 6pm – Monday 8am and all Publics Holidays**