VCA

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VCA-VES/VSC Overnight Monitoring Treatment Sheet

Standard monitoring is $75 and is billed to the client.

Patient Name: _____   Date: _____

Clinic Name:	Phone:
Referring DVM:	Phone:
In Case Of Emergency Contact: *(Circle One)* RDVM or Client	Phone:
Who Will Pick Up The Patient? *(Circle One)* RDVM or Client	Pick Up Time:
Procedure Performed:	Time Recovered:
Allergies?	

Client Information	Pet Information
Name:	Name:
Address:	Age:
State: Zip:	Breed:
Hm Phone:	Sex:
Cell Phone:	Weight:

Pet will arrive with the following:
Personal Items:
Medications:
Fluid Type: *(Circle One)*   Norm R / NaCl / LRS   Additives:
Misc Supplies:

Special Medical Orders
(please also complete attached treatment sheet)
Current Medication History:
Medications Given Today & Time Given:
Relevant History:
Which Of Our DVMs Did You Round Your Case To?

VCA-VES/VSC Overnight Monitoring Treatment Sheet Continued …

Please note: A PCV/TP or Blood Glucose is included in the $75 overnight monitoring charge. Additional labs will be an additional charge.

VITAL SIGNS AND NUTRITION	8a	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
TPR																								
TEMP RR/RE HR																								
OUTSIDE / LITTERBOX																								
FOOD AMT: NPO																								
FOOD TYPE:																								
WATER F/C AMT NPO																								
BODY WEIGHT																								
FLUID #1 RATE																								
+																								
+																								
CHANGE RATE																								
FLUID #2 RATE																								
+																								
CHANGE RATE																								
FLUID #3 RATE																								
CHECK RATES AND IV CATHETER(S)																								

MEDICATIONS AND TREATMENTS	8a	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7

LABS, RADS, AND PROCEDURES	8a	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7

PATIENT STICKER

Date: _____   Day#: _____
Problems: _____
_____
_____

CODE