

Telephone Triage Sheet

Date: _____ Time: _____ AM/PM

DVM on Duty: _____ RDVM: _____

Client name: _____ Pet's name: _____

Client phone number: _____ Pet age: _____ Pet sex: _____ Species: _____

Breed: _____ Weight: _____ lb/kg

Complaint/Current medications:

Eating? Y/N Possible GI indiscretion/toxicity? Y/N Time/What/How much? Trauma? Y/N ETA _____

Drinking? Y/N Urination? Normal/PU/Straining Stools? Normal/Diarrhea/Straining Bleeding? Y/N

Vomiting? Y/N Retching? Abdominal distension? Y/N Attitude? Normal/Lethargic/Restless/Pain Coughing? Dry/Productive

Breathing: Rate _____ Effort _____ Posture _____ Response to stimuli? Yes/No Ambulatory? Y/N

Recommendations: _____

Call received by _____ Faxed by _____ Time/Date _____