

Treatment Plan:

Requested Treatment / Medications:

Prognosis given:

If pet's condition alters and treatment changes are needed, do you want to be notified? Y N

If Yes at what number: _____

Medications Supplied:

Discharge Instructions

Transfer back to Primary Care Hospital: Time / Arrangements made:

Discharge Patient to Owner: Time / Arrangements made:

Additional Information:

We encourage you to call the C.A.R.E. Centre prior to transfer of your patient to discuss the case with one of the Emergency doctors and to receive a cost estimate. Charges are to be paid upon pick up of the patient unless arrangements have been made in advance to transfer the charges to you the referring veterinarian.