

Patient Transfer Form

Client and Patient Information

Client Name:			
Address:		City:	Province:
Phone - Home:	Work:	(Cell:
Patient Name:		Breed/Color:	
Sex: F FS M MN Birthdate:(1	mm) (dd) (y	Body Weight:	kg
Referring Vete	rinarian Infor	mation & Additional Cor	ntact Information
Referring Hospital:			
Veterinarian:			
Phone:			
Catheter Placement: Time: _		Date:	
Radiographs Attached: Y	. N	Laboratory Results	Attached: Y N
History & Physical Findings:			

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
Discharge first uctions
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.