



## Transfer for Emergency/Overnight Care

From the hours of 6pm to 8am

\*\*\*Required information may be scanned, and emailed to [info@avenuevet.com](mailto:info@avenuevet.com)\*\*\*

### Referring Veterinarian Information

Practice Name: \_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_

Phone : \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Client/Patient Information

Client Name: \_\_\_\_\_ Client phone: \_\_\_\_\_

Client Address: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Canine \_\_\_\_\_ Feline \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

### Transfer Information

Reason for Transfer: \_\_\_\_\_

Physical Exam Findings/Radiographs/Labs pertinent to stay: (Please send copies of records/lab results)

\_\_\_\_\_

\_\_\_\_\_

### Other Medical Conditions/Current Medications

\_\_\_\_\_

Treatment Plan & Schedule: ( Please fill out attached ICU Charge sheet and make any additional notes below)

\_\_\_\_\_

\_\_\_\_\_

Are fluids/medications being provided? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (if no, then additional charges may apply)

Choose one of the following:

Please assess and treat case as needed, then:

Transfer back to you in AM: \_\_\_\_\_ Transfer to specialist in AM: \_\_\_\_\_ Continue care as needed: \_\_\_\_\_



