



Patient Referral / Transfer Information

Referring DVM: _____ Hospital: _____

Client Name: _____ Phone: _____ Date: _____

Patient Name: _____ Breed: _____ Sex: _____ Age: _____

Case Summary:

R/O or Diagnosis: _____ Prognosis: _____

Please attach any recent lab results / imaging consultation summaries.

Recent lab work: yes no Date: _____ In-house Idexx Antech Account # _____

Recent Radiographs / ultrasound: yes no Date: _____

Major findings:

IV Catheter: Yes, date placed: _____ Fluids: _____ Rate: _____ ml/hr Volume given today: _____ ml
 No Urination observed: Yes No Amount: _____

Treatment(s) / Surgery:

Medications					
Drug	Dose	Route	Frequency	Last Dose(time)	Next Due

When would you like to be updated? _____ Phone: _____

Please feel free to call the Emergency Clinic at any time to discuss this case.

If there is anything else we can do for you or your client, please do not hesitate to let us know! Thank you!