

Transfer for Emergency/Overnight Care

From the hours of 6pm to 8am

Required information may be scanned, and emailed to info@avenuevet.com

Referring Vete	rinarian Informa	ation_					
Practice Name	·						
Referring Veter	rinarian:						
Phone :			Fax:				
Email:							
Client/Patient I	nformation_				_		
Client Name: _				Client phone:			
Client Address):						
					 		
Canine	Feline	_ Breed:		Sex:	Age:		
Transfer Info	rmation						
Physical Exam	Findings/Radio	ographs/Labs per	tinent to stay:(Please send copies of reco	ords/lab results)		
Other Medical	Conditions/Cur	rent Medications					
Treatment Plan & Schedule:(Please fill out attached ICU Charge sheet and make any additional notes below)							
Are fluids/med	ications being	provided? Yes:	No: (if	no, then additional char	ges may apply)		
Choose one of	the following:						
Please assess	and treat case	as needed, then:					
Transfer back	to you in AM:	Transfer to s	pecialist in AM:	Continue care	as needed:		

If you do not already have an ICU/Treatment sheet, please use this ICU Sheet Template

ii you do not alleady have an ico/freatment sheet, please use this ico sheet remplate								
Patient:I	Or Date	Weight:						
Notes and Special Instructions:		-						
		CPR or DNR						
CRI: (Type of fluids/Rate)	1.	2.						
Treatment: (Medication/Dos	e/Schedule)							
1.	6.	11.						
2.	7.	12.						
3.	8.	13.						
4.	9.	14.						
5.	10.	15.						

Diagnosis:									
Time	Temp	Pulse	Resp	Walk U/D	CRI	MM/ Att		Treatments/Observations	Tech
6pm									
7pm									
8pm									
9pm									
10pm									
11pm									
12am									
1am									
2am									
3am									
4am									
6am									
7am									
8am									