

OWNER DETAILS

First name: _____

Surname: _____

Email: _____

Contact number: _____

 Clinical notes / diagnostics with owner Clinical notes/diagnostics emailed to RVC**PATIENT DETAILS**

Patient name: _____

Species: _____

Age: _____

Breed: _____

Weight: _____

TRANSFERRED FROM

Clinic _____ Veterinarian: _____

Mobile #: _____ Latest time to call: _____

If treatment plan requires modification call transferring veterinarian? YES NO

Please note: an After-Hours Transfer Consult Fee of \$200 is due for payment in full at time of the consult. Further estimated costs will be discussed at time of the consult. A 50% deposit based on this estimate will be required. The final settlement is due in full upon discharge/collection of your pet.

Owner Informed: **TRANSFERRED FOR**

Differential Diagnosis: _____

Required Care (eg post-op care, further medical workup, surgery): _____

Discharge/treatment plan for next day: _____

Fluid Type: _____ Fluid Rate (ml/hr): _____ Fluids provided: YES NO

Drug Name	Dose Given	Amount	Route (IV/IM/SQ/PO)	Date/Time Last Given	Frequency Prescribed

BRIEF HISTORY _____

Permission to discharge (if well) or transfer back to your care if your patient needs ongoing hospitalisation tomorrow morning/after the weekend:

YES NO **WHERE TO FIND US:**Cnr Lehmans & Oxford Road, 181 Lehmans Road, Rangiora
0800 EVH 111 WWW.EMERGENCYVETHOSPITAL.CO.NZ