



# Case Transfer Information

Date: \_\_\_\_\_ Clinic: \_\_\_\_\_  
 Doctor: \_\_\_\_\_ Phone#/ hours I am reachable: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Please do NOT call  Call if condition changes

**Client Information :**

First Name	Last Name
First Name	Last Name
Home Phone Number (     )	Other Phone Number: (     ) <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Pager

**Pet Information :**

Pet's Name	Species <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other _____	Breed
Age or Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Spayed / Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No

*Please include copies of the medical record, laboratory reports and radiographs*

**Presenting Complaint :**

**Problem List :**

**Diagnostics to date :**

**Therapeutics:**  
Fluids:

<u>Medication :</u>	<u>Dose in mg :</u>	<u>Duration :</u>	<u>Route :</u>	<u>Hour last given at :</u>

**Current Treatment Plan :**

Responsible Party for Animal Pickup :  Owner  rDVM staff  
 Responsible Party for AERC Charges :  Owner  Bill referring clinic

Please call and speak with an AERC veterinarian directly. Thank you!

Oakdale – 651-501-3766  
 FAX – 651-501-3763  
 Open 24 hours, 7 days a week

St. Paul – 651-293-1800  
 FAX – 651-291-1337  
 Open weekdays 6pm-8am & weekends 24hrs