

Patient Transfer Information Sheet

ANIMAL EMERGENCY CENTER
3340 E. PATRICK LANE
LAS VEGAS, NV 89120
702-457-8050
702-207-1025 - fax
AECpetER@yahoo.com



Date: _____

Owner: _____

Address: _____

Referring Hospital: _____

Phone: _____

Doctor: _____

Patient: _____

Contact #: _____

Canine _____ Feline _____

****If your patient should deteriorate or TX plan is changed do you want to be contacted? ****

Age: _____ Sex: _____

YES _____ NO _____

Breed: _____ Color: _____

to be reached at: _____

Presenting Complaint: _____

Diagnostic Results: _____

Diagnosis: _____

Treatment Plan: _____

Fluids: Type: _____ Rate: _____ Amount Administered: _____

Medications: _____ Dose: _____ Time Last Given: _____

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****PLEASE INFORM OWNERS THAT THEY MUST CONTACT ANIMAL EMERGENCY CENTER WITHIN ONE HOUR OF ARRIVAL TO DISCUSS TREATMENT PLAN, ESTIMATE AND PAYMENT ARRANGEMENTS.****

THANK YOU FOR THE REFERRAL.