



CASE TRANSFER INFORMATION

Please fill out and fax along with records to 651-487-1941 or send with patient AHVC Staff on site after 6pm, for contact & direct case transfers

Date: _____

Client / Patient Info

Client Name: _____

Contact Phone(s): _____

Client Address: _____

Pet's Name: _____ Species: _____ Breed: _____

Age: _____ Sex: _____ Special Needs/Alerts: _____

rDVM Info

Referring Practice Name: _____

Referring DVM: _____ Contact Phone: _____

- I want to be contacted regarding this patient overnight
I am available by phone / text (circle one): times available _____
- I do not want to be contacted regarding this patient overnight.

Transferred patients will be ready for transfer back to their original practice by 8am, unless otherwise specified by you or the client. Please specify, especially for weekend hours, as we do not always know your hours and availability. We are happy to make changes based on patient status. Note: clients will be asked to pay for services rendered when they pick up.

- This patient will be transferred back to our practice for ongoing care
Time: _____ Who is picking up? (client or hospital staff): _____
- I want the patient to be kept with AHVC for the duration of hospitalization.

All patients are referred back to their rDVM following treatment, unless otherwise specified.

Records & Case History

Please attach all pertinent patient records / history (or use Case History & Current Treatments Form to detail this). Please include:

- History – including current diagnosis and any other existing medical conditions
- Labwork & Diagnostics
- Current Treatments & Plan

Case History & Current Treatments

(Please complete and include pertinent medical records)

Presenting Complaint(s): _____

Major Problem List: _____

Alerts: _____

Current Treatment Plan: (use back of sheet for additional space) _____

Diagnostics (copy of labwork in chart): _____

Last TPR: Taken (time) _____ T _____ / P _____ bpm / R _____ rpm

Therapeutics: _____

_____ mg of _____ IV IM SQ PO - q. - last given _____ AM/PM

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Notes: _____

