ANIMAL EMERGENCY CLINIC
of the Fraser Valley

PATIENT DIRECT TRANSFER

When referring a patient for overnight monitoring or critical care, please phone and fax this form and any pertinent information regarding the patient.

DATE	TIME	EXPECTED PATIENT ARRIVAL TIME
Referring Hospital & Veterinarian		
If the patient's condition becomes worse, do you want to be contacted?	☐ YES ☐ NO	Until what time of day may we contact you? **You are always welcome to call us for patient updates*

CLIENT

Client Last Name		First Name
Street Address	City	Postal Code
Home Phone	Cellular	★Email

PATIENT

Species	Breed	Age	Sex M MN F FS	Name

PROBLEM LIST / DIAGNOSIS

RELEVANT HISTORY

WHAT HAVE YOU TOLD THE OWNERS REGARDING PROGNOSIS / OPTIONS ETC.

PROCEDURES PERFORMED (Radiographs, Ultrasound, Diagnostic Tests)
Please send results where possible

SPECIAL INSTRUCTIONS OR COMMENTS

Phone 604-514-1711 Fax 604-514-1712

JAN 2013