



## Animal Emergency Center of North Fulton

900 Mansell Road, Suite 19  
Roswell, GA 30076-4804

Phone: 770-594-2266  
Fax: 770-641-8677

### Transfer Sheet

#### Information

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

\_\_\_\_\_ Other phone: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ (M, F, FS, MN) Age: \_\_\_\_\_ Vaccines current? Yes \_\_\_\_\_ No \_\_\_\_\_

#### Reason for Transfer

History: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#### Treatments

Medications given: 1) Name: \_\_\_\_\_ last given \_\_\_\_\_

Route: \_\_\_\_\_ Dose: \_\_\_\_\_ every \_\_\_\_\_ hours.

2) Name: \_\_\_\_\_ last given \_\_\_\_\_

Route: \_\_\_\_\_ Dose: \_\_\_\_\_ every \_\_\_\_\_ hours.

3) Name: \_\_\_\_\_ last given \_\_\_\_\_

Route: \_\_\_\_\_ Dose: \_\_\_\_\_ every \_\_\_\_\_ hours.

4) Name: \_\_\_\_\_ last given \_\_\_\_\_

Route: \_\_\_\_\_ Dose: \_\_\_\_\_ every \_\_\_\_\_ hours.

Fluids: Type: \_\_\_\_\_ Rate: \_\_\_\_\_ Amount given: \_\_\_\_\_

Were X-rays taken? \_\_\_\_\_ If so, please send them. We will return to client at discharge or mail them back to you. Which do you prefer? Mail them back [ ] Give to client [ ]

#### Additional Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date

Referring doctor: \_\_\_\_\_ Phone: \_\_\_\_\_