

DIRECT TRANSFER

Date: _____ Staff name: _____ Time: _____

Referring Vet. Clinic: _____

Patient Name: _____ Client Name: _____

Species: _____ Breed: _____ Age: _____

Sex: _____ Neutered/Spayed: _____

Pertinent medical history:

Problem list:

Diagnostics & Treatments completed by Referral Veterinarian:

REASON FOR TRANSFER: _____

OWNER INFORMED OF COST: YES NO APPROX. COST GIVEN: \$ _____

RECORDS BEING SENT BY: EMAIL WITH CLIENT OTHER: _____

RADIOGRAPHS SENT BY: EMAIL WITH CLIENT OTHER: _____

ESTIMATED TIME OF ARRIVAL AT MOUNTAINSIDE: _____