



EMERGENCY & CRITICAL CARE DIRECT TRANSFER FORM

To facilitate transfer of patients please call UVS at 518-783-3198 prior to sending a client to our facility. Once you have spoken to an Emergency Doctor or Technician, please complete our Emergency Service Direct Transfer Form and fax or email all medical history.

Type of form

Emergency Service Transfer Critical Care Referral

Hospital Information

Veterinary Hospital /Referring Dr.

Referring Veterinarian Email Address

Client/Patient Information

Owner's Name (First & Last)

Pet's Name

DOB

Breed

Sex

Male Neutered

Male Unaltered

Female Spayed

Female Unaltered

Medical Information

Date Admitted

Up to date on Vaccines?

Yes

No

Unknown

Chief Complaint

Diagnostics / Procedures / Findings

Labwork

HW/Lyme/Ehrlichia/Anaplasma Status

Radiographs

CBC

Other labwork (specify below)

Ultrasounds Studies

Chemistry Profile

Blood Pressure

CT

Urinalysis

ECG

MRI

Thyroid Testing

Imaging Studies

Other

Pertinent History and Physical Exam

Differential Diagnosis / Problem List

Medications / Treatments Administered--Drug name / Dosage (mg) / Frequency / When Administered?

What is your preference for this case?

Please call me to discuss follow-up of this case

Return patient to my office next business day if stable enough to transport

Transfer to specialty service if/when possible

I would like this case to stay at UVS until it is resolved under the care of the emergency department or whichever specialty service may be deemed necessary to take over this patient's care

The best times and way to reach me are:

Please submit all pertinent medical history: Email to info@uvsonline.com OR fax to 518.783.3199