

Vet Emergency Services

Fax 489-6826 Ph. 489-6800 3700 S. 9th St. Direct Transfer of Patient

Transferring

Clinic/DVM _____

_____ Patient name: _____ Age _____

Ok to call DVM with questions?

Breed _____ Sex _____ Yes _____

No _____ Client Name: _____ DVM

ph. _____ Address: _____

Home ph. _____ Cell ph. _____

On routine medication (heartworm prevention, thyroid, etc.)

Yes _____ No _____ Type _____

History _____

Tentative Diagnosis _____

Recent diagnostics

CBC _____ Chemistry _____ Urinalysis _____ Radiographs _____ Fecal _____ Other _____

Please attach a copy and/or interpretation of all diagnostics done

Diagnostics requested to be performed at

VES _____

1. Fluid type: _____ Rate: _____

2. Medications given and to be given:

Drug Name	Amount (ml's)	Amount (mg's)	Route	Time to be given

5. In the morning (circle one): Transfer back Release to owner's care

I have explained to my client that Veterinary Emergency Services of Lincoln charged for services rendered. All outpatients are required to pay in full at the time of services. All inpatients are required to pay 75% of the lowest amount of the estimate at the time of admission and the remaining balance at the time of discharge. Please feel free to call with the veterinarian and licensed veterinary technicians with any additional information or concerns.

Referring DVM signature _____ Date _____