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Transfer Form

For Veterinarians or Referring Clinics

****Please fill out when transferring a patient, then send with client, fax, or email.****

Client & Veterinarian Information

Referring Veterinarian or Clinic:

Date:

Client Name:

Pet Name:

Age:

Species:

Sex:

Spayed/Neutered:

Weight:

Medical Information

Differential Diagnosis (or differential list):

Brief History or Problem:

Pre-existing Problems (Blindness, chronic lameness DM, etc.):

Lab Results: FELV/FIV:

HW:

Fecal:

Other:

Radiology results (if digital, please send a copy with the client):

Desired TX plan:

Medications Administered:

1. Drug Name:	Dose:	Route:	Time given:
2. Drug Name:	Dose:	Route:	Time given:
3. Drug Name:	Dose:	Route:	Time given:
4. Drug Name:	Dose:	Route:	Time given:
5. Drug Name:	Dose:	Route:	Time given:

Fluid Type:

Route:

Rate:

Volume Infused:

Additives:

Laboratory tests you would like performed:

Additional info, history, or notes:

I (doctor) would like to be called in the event:

Phone number (only if you would like to be called if above mentioned occurs):