

## Patient Transfer Form / Case Summary

Client: \_\_\_\_\_ Pet: \_\_\_\_\_ Date: \_\_\_\_\_

- Diagnosis \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- History \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Physical Findings \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Diagnostic Findings \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Treatment Administered \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Treatment Plan \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_ Hospital: \_\_\_\_\_  
Phone: \_\_\_\_\_ Backline: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_

To help us prepare for the arrival of your patient please contact our office at **713-941-8460** prior to transferring your patient. Please include the patient's record and radiographs to ensure the best care once they arrive.       Lab work included       Radiographs included

**I would like:**  Status call in the morning    Faxed records    Emailed records  
 Patient transferred back to our hospital in the morning

**Animal Emergency Hospital Southeast**  
**10331 Gulf Freeway Houston, TX 77034**  
**Thank you for your referral**

