ASEC
ANIMAL SPECIALTY & EMERGENCY CENTER
VCA

1535 S Sepulveda Blvd, Los Angeles, Ca 90025
Emergency & Critical Care | 310-473-1561
Specialty | 310-473-5906
Fax | 310-479-8976
ASECvets.com

CRITICAL CARE TRANSFER FORM

Primary Care Hospital Info:

Hospital Name: _____ Doctor: _____
Address: _____
Email: _____
Phone: _____ Fax: _____

Client & Patient Info:

First & Last Name: _____
Phone: _____ Email: _____
Pet's Name: _____ Species: _____
Breed: _____ Sex: _____ Age: _____ Weight: _____

Vaccines Current? Y N **Presenting Complaint/Tentative Diagnosis:** _____
Other Pertinent Medical Conditions: _____
Items sent with client:
☐ Xrays ☐ records ☐ lab results ☐ fluids ☐ meds ☐ other
Already sent to lab: ☐ blood ☐ urine other: _____
Lab: ☐ Idexx ☐ Antech other: _____

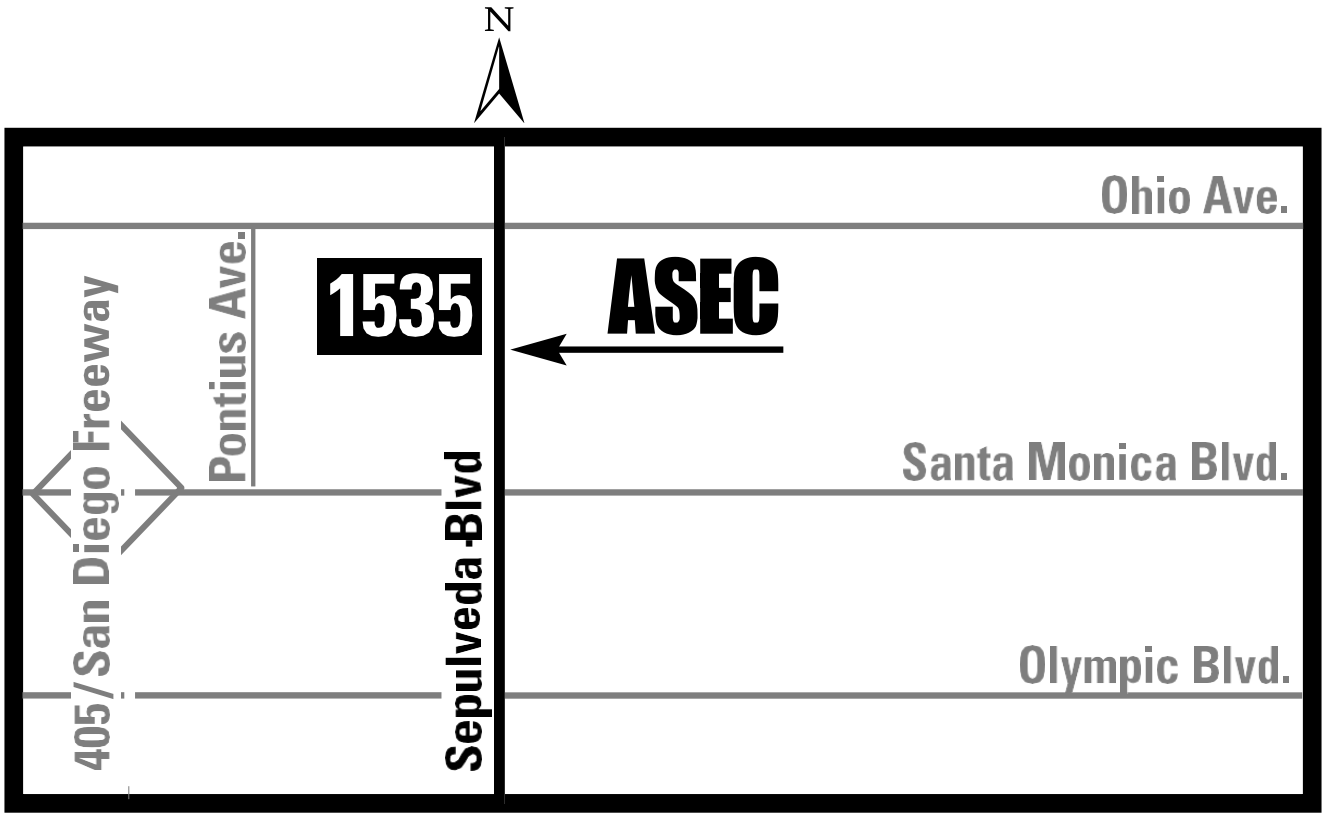
CPR CODE: ☐ No Code ☐ Yes on CPR ☐ No on CPR
Treatments received already: _____
_____

TREATMENT PLAN REQUESTED:

☐ Overnight care ☐ Ongoing 24 hour care ☐ Transfer back to pDVM tomorrow

☐ Treat as noted below ☐ Determine treatment plan ☐ Call pDVM before any changes?

A. Fluid Type: **additives:** **rate:** **bolus?**

	Treatments:	12n	1pm	2	3	4	5	6	7	8	9	10	11	12m	1am	2	3	4	5	6	7	8	9	10	11	12n
B.	1																									
	2																									
	3																									
	4																									
	5																									
C.	Diagnostic Tests:																									
	1																									
	2																									
	3																									
	4																									
	5																									
D.	Monitor/other:																									
	1																									
	2																									
	3																									
	4																									
	5																									

ADDITIONAL COMMENTS: _____