



Pet Emergency Center

Patient Transfer Information

1914 S. Reserve St.
Missoula, MT 59801
(406) 829-9300

Referring Clinic Information

Referring Veterinarian: _____ Phone: _____ Date: _____

Client Information:

Owner's Name: _____

Address: _____

Phone: _____

Patient Information:

Pet's Name: _____

Breed: _____ Age: _____

Last Temp. _____ Weight: _____ kg lbs

Sex: M M/N F F/S May Bite

History: _____

Diagnostics Performed: CBC Chemistry Electrolytes CPL 4DX Heartworm FELV/FIV Parvo UA
Fecal Radiographs ECG Ultrasound CT Other: _____

Results: _____

Diagnostics Pending: _____

Differential/Working Diagnosis: _____

Current Medications: *(Medications sent with owner)*

Drug	Dosage	Route	Last Given	Frequency

Fluid Type: _____ **Rate:** _____ **Total Fluids Given:** _____ *(Fluids sent with owner)*

Special Instructions: _____

Transfer back in AM

Transfer to MVSC in AM

Discharge in AM if doing well