

Animal Emergency Hospital
2575 Atlanta Hwy
Athens, GA 30606

Transfer/Referral Form
Please Fax and/or Send with Client

For the Client:

Please be aware that the Animal Emergency Hospital operates separately. Therefore, there will be charges for hospitalization and treatment. All services must be paid for at the time they are rendered (cash, credit card, or check). All animals must be picked up by 7:30am the following morning or on a weekend by Monday morning at 7:30am.

Referring Veterinarian: _____ **Date:** _____
Client first & last name: _____ **Pet name:** _____
Client phone number(s): _____
Date of birth/age: _____ **Species: Canine/Feline**
Sex: Male/Female **Spayed or Neutered: Yes/No**
Vaccine Status/Heartworm Test: _____ **Weight:** _____
Date of rabies vaccine: _____
Primary Diagnosis (or differential list): _____

Brief History of Problem: _____

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

Please send test results (labs, radiographs, medical records, etc):

Email: athensanimalemergency@gmail.com

Fax: 706-850-6944

Medications that have been administered and the time they were administered (including fluid type and amounts):

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Desired Treatment Plan: _____

Fluids: Type (circle one)

LRS Saline Other: _____

Route (circle one)

IV SQ

Rate and amount: _____

Fluid Additives: _____

***Note: We will accept fluids that arrive with the client if there are no additives and if they arrive unopened. If there is doubt to the sterility of the fluids we will provide the necessary fluids at the owner's expense.**

Medications: (circle and fill in):

1. _____
Drug Name Milligrams Route Frequency

2. _____
Drug Name Milligrams Route Frequency

3. _____
Drug Name Milligrams Route Frequency

4. _____
Drug Name Milligrams Route Frequency

5. _____
Drug Name Milligrams Route Frequency

Laboratory test or other diagnostics you would like AEH to do: _____

I (doctor) would like to be called if (ex: the animal's condition worsens, surgery is needed etc.): _____

Name: _____

Phone number: _____