

PLEASE CALL BEFORE REFERRING A PATIENT TO ENSURE WE HAVE THE SPACE AND CAPABILITIES TO BEST CARE FOR THEM! WE WILL ALSO PROVIDE A ROUGH ESTIMATE FOR YOU TO NOTIFY OWNERS.



3508 South Minnesota Ave, Suite 104,
Sioux Falls, South Dakota 57105
Phone: (605) 335-4004
Fax: (605) 335-4339

Emergency Patient Transfer Record

Date: _____

Client Name: _____

Client Address: _____

Client Phone Number(s): _____

Patient Name: _____

Patient Signalment (Age, Sex, Neutered/Spayed, Breed): _____

Patient Updated Weight: _____

Referring Hospital: _____

Doctor Contact Info: _____

Presenting Complaint/Tentative Diagnosis: _____

Procedures Performed by rDVM: _____

Treatment Plan and Current Medications: [Please provide dose (in milligrams and include the concentration of drug), interval, and time last administered].

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

- In the morning, is this patient staying at ACPCVEH , discharged to the owner , or being transferred back to your hospital ?
- Owners will need to meet with a technician or doctor before admission to go over an estimate of services, sign necessary paperwork, and leave a deposit. We ask for half the low end of the estimate deposited before pet is hospitalized.
- **EMERGENCY RESUSCITATION REQUEST:** In the event the patient goes into cardiopulmonary arrest, should resuscitation efforts be initiated? YES NO Owners will be contacted immediately if this occurs. Performing CPR will incur a minimum of \$250 added to the bill.

PLEASE INCLUDE COPIES OF ALL DIAGNOSTICS (i.e. IVF, medications, etc.) PERFORMED AND FULL PATIENT HISTORY. X-RAYS CAN BE EMAILED TO PETCARESOUTH@NVA.COM