



Veterinary Emergency Transfer Form

Please complete the following form and email all records, lab results, and radiographs to cs@townelakevets.com then call and discuss case with one of our emergency doctors at 770-591-9500.

Date _____

Referring Veterinarian Information

Hospital _____ Phone _____

DVM Name _____ Email _____

What is your preference for this case?

- ☐ **CALL** me at the number listed above to discuss follow-up of this case.
- ☐ **EMAIL** me at the email address listed above to discuss follow-up of this case.
- ☐ **UPDATE** me daily on the case with emailed medical records.
- ☐ **TRANSFER** patient back to my hospital on the next business day if stable enough for transport.
- ☐ **REFER** to specialty service if necessary and when stable enough for transport.
- ☐ **HOSPITALIZE** this patient at AHTL until the case is resolved.

Client Information

Name _____ Email _____

Address _____ Phone _____

Patient Information

Name _____ Age/Date of Birth ____ y ____ m (or) _____ Weight _____ kg

Species ____ Canine ____ Feline ____ Breed _____ M ☐ MN ☐ F ☐ FS ☐

Temperament Notes _____

Previous medical history _____

Medical Information

Date of Initial Presentation _____ Date of Initial Hospitalization _____

Diagnosis/Differential Diagnosis

History & Presenting Complaint

Diagnostics Performed & Results

Treatments Performed

Current Treatment Plan

Animal Hospital of Towne Lake
3105 Parkbrooke Circle, Woodstock, GA 30189
770-591-9500

