



Animal Emergency Clinic of Durham Region TRANSFER SHEET

TRANSFER:

DATE:

PATIENT NAME:

X-RAY ACCESS CODE:

REGULAR CLINIC:

WORKING DIAGNOSIS

DOES THIS PATIENT HAVE A ZOO NOTIC DISEASE?

FLUID THERAPY

TYPE: ADDITIVES: RATE:

TYPE: ADDITIVES: RATE:

MEDICATIONS

Type	Strength	Amount	Route	Frequency	Last Given	Due Next

HAVE BEEN SENT

- X-RAYS LAB WORK DAY SHEETS MEDICAL / SURGICAL NOTES

COMMENTS