



LUBBOCK SMALL ANIMAL EMERGENCY CLINIC

6305 66th St. Ste 300, Lubbock Tx 79424

806-797-6483

Overnight Care Patient Transfer sheet

Transferring Clinic: _____ Doctor: _____

Client Name: _____ Client Phone #: _____

Date of Transfer: _____

Patient Info:

Name: _____

Age: _____ Weight (lbs): _____

Sex (S/N): _____

Species: Feline Canine Exotic

Breed: _____

Diagnosis:

Diagnostics Performed (Please include a copy of the blood work):

CBC Chemistry Profile X-rays

Other: _____

History/Observation Notes at Referring Clinic:

Medications/Treatments performed at Transferring Clinic:

Medication	Dose	Time	Route of Administration	Please repeat at EC at the indicated frequency

Plan for Patient Care at the EC:

Additional Information/Special instructions: _____

Transferring Doctor's after hours phone number: _____