



ANIMAL SURGICAL & EMERGENCY CENTER

1535 South Sepulveda Boulevard, Los Angeles, California 90025
 Daytime 310-473-5906 24 Hour Emergency/ICU 310-473-1561
 Fax 310-479-8976

CRITICAL CARE CASE TRANSFER FORM

Referring Dr: _____ Referring Hospital: _____
 RDVM Tel# tonight (optional) _____ Tel # for 8 am update: _____
 Owner's Name: _____ Tel # _____ Cell# _____
 Pet's Name: _____ Breed _____ Age _____ M F N Vaccines Current? Y N
 Presenting Complaint/Tentative Diagnosis: _____
 Other Pertinent Medical Conditions: _____
 Items sent with patient: xrays records lab results fluids meds other _____
 Already sent to lab: blood urine other: _____ Lab: Idexx Antech other _____

Treatments received already:

1. _____
2. _____
3. _____
4. _____
5. _____

CPR?
 no code
 yes, do cpr

OVERNIGHT TREATMENT PLAN: ASEC DVM, please do the following:

treat as noted below determine treatment plan Call RDVM before any changes? Y N _____

A. Fluid type _____ additives _____ rate _____ bolus _____

B. Treatments	12n	1pm	2	3	4	5	6	7	8	9	10	11	12m	1am	2	3	4	5	6	7	8	9	10	11	12n
1.																									
2.																									
3.																									
4.																									
5.																									
6.																									
C. Diagnostic Tests																									
1.																									
2.																									
3.																									
4.																									
5.																									
D. Monitor/other																									
1.																									
2.																									
3.																									
4.																									

Referred for: Overnight Care ongoing (24 hour) care U/S Xrays
 Tomorrow morning: transfer back to RDVM call rdvm at _____ a.m. to discuss
 transfer to ASEC Surgery Dept. transfer to _____
 Pet will be picked up by: client technician RDVM ambulance other: _____
 expected time of pickup? _____

form 3-2004

**MORE INFORMATION ON BACK
 MAP ON REVERSE SIDE**

