

rDVM Patient Transfer Questionnaire

rDVM Clinic: _____ Veterinarian: _____

Email/Fax for Discharges: _____

Client Name: _____ Phone Number _____

Patient Name: _____ Species: _____

Age: _____ Sex: _____ Weight: _____ Breed: _____

Presenting Complaint: _____

Pertinant History: _____

Diagnosis: _____

Meds Given and Time: _____

Is the patient stable or critical: _____

IV Catheter (yes/no) or Fluids (yes/no)

ETA: _____ Estimate Given? _____

~Please request all medical records be sent, and fill form out completely.

~Once completed take form back to the triage tech.