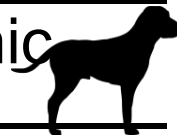




Tri-County Animal Emergency Clinic



Transfer Sheet

1800 N. Sterling Ave, West Peoria, IL 61604

Phone: (309)672-1565

Email: tcaec@comcast.net

Owner Name: _____ Phone: _____

Address: _____

City: _____ Zip: _____

Patient Name: _____ Species: Canine Feline Other _____

Breed: _____ Weight: _____

T: _____ P: _____ R: _____

Referring Hospital: _____

Referring Veterinarian: _____

Diagnosis:

Rule Outs:

Diagnostics Performed:

Bloodwork: _____ Urinalysis: _____ Radiographs: _____ Ultrasound: _____

Other: _____

Pending Diagnostics: _____

Treatments Performed:

IV Fluids/Type: _____ Rate: _____ mL/hr

Medications Given:

(Please indicate strength of medication. Tri-County may carry a different strength)

Medication	Route				Dose (mg/kg)	Time Given
_____	:: IV	IM	SC	PO	:: _____	:: _____
_____	:: IV	IM	SC	PO	:: _____	:: _____
_____	:: IV	IM	SC	PO	:: _____	:: _____
_____	:: IV	IM	SC	PO	:: _____	:: _____

Treatments required at Tri-County:

IV Fluids/Type: _____ Rate: _____ mL/hr

Medications Given:

(Please indicate strength of medication. Tri-County may carry a different strength)

Medication	Route				Dose (mg/kg)	Time Given
_____	:: IV	IM	SC	PO	:: _____	:: _____
_____	:: IV	IM	SC	PO	:: _____	:: _____
_____	:: IV	IM	SC	PO	:: _____	:: _____
_____	:: IV	IM	SC	PO	:: _____	:: _____
_____	:: IV	IM	SC	PO	:: _____	:: _____

Offer Food? Yes No

Special Instructions/Requests:

Return/Transfer Back

Send Home
