Tri County Animal Emergency Clinic
Transfer Information Sheet

1800 North Sterling, Peoria, IL 61604 ~ 309-672-1565 ~ Fax 309-672-1572
Tcaec@comcast.net ~ TriCountyAnimalEmergencyClinic.com

Top portion must be filled out completely.

Client Name: _____ Patient Name: _____
Phone: _____ Species: Canine☐ Feline☐ Other☐_____
Address/City/ZIP: _____ Referring Hospital: _____
Referring Hospital Phone: _____ Diagnosis: _____
Referring Veterinarian: _____ Referring DVM Phone (**never** given out): _____

History and Treatment Summary:

Items being sent with owner/patient:

☐ Lab results	☐ Medications
☐ Radiographs	☐ Medical record
☐ IV fluids	☐ Other

Treatment and orders recommended to TCAEC:
Additional treatment orders may be provided for continued care. All patients transferring to TCAEC will receive a complete examination and estimate for treatment. *NOTE: if no overnight doctor, due to liability, no patients will be taken for hospitalization. Please call if unsure.* Optional treatment worksheet on the back if desired.

Recommendations:

Feeding: Offer food? Offer food? Offer Water? Yes☐ No☐ After time: _____

Special Instructions:

The TCAEC is available Monday – Friday 5:30 pm – 8:00 am and open 24 hours on weekends and holidays. Place TCAEC contact information on your answering service for after hours and holidays.

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Medical History

Optional history / treatment worksheet below

Diagnosis: _____ Departure: T =_____ P=_____ R=_____

Current medications / treatments: Route:: Freq ::: Time

_____ IV☐ IM☐ SC☐ PO☐ :: _____ :: _____

_____ IV☐ IM☐ SC☐ PO☐ :: _____ :: _____

_____ IV☐ IM☐ SC☐ PO☐ :: _____ :: _____

_____ IV☐ IM☐ SC☐ PO☐ :: _____ :: _____

_____ IV☐ IM☐ SC☐ PO☐ :: _____ :: _____

Treamtents orders recommended to be done at TCAEC:

IV fluids type: IV fluids type Rate: _____ mL/hr

Desired medications / treatments: Route:: Freq ::: Next dose Time

_____ IV☐ IM☐ SC☐ PO☐ :: _____ :: _____

_____ IV☐ IM☐ SC☐ PO☐ :: _____ :: _____

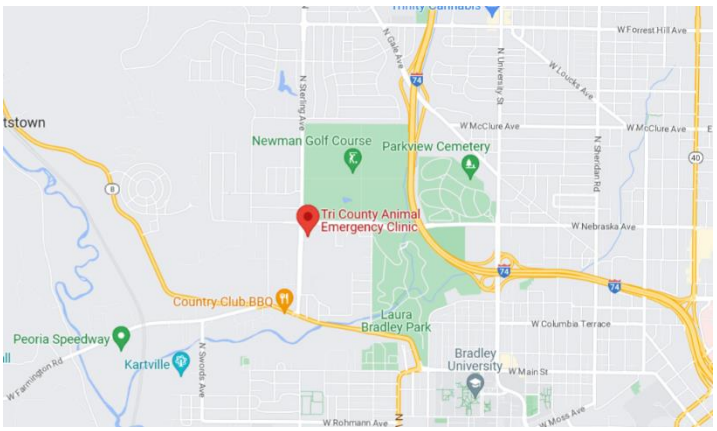
_____ IV☐ IM☐ SC☐ PO☐ :: _____ :: _____

_____ IV☐ IM☐ SC☐ PO☐ :: _____ :: _____

_____ IV☐ IM☐ SC☐ PO☐ :: _____ :: _____

_____

Special Instructions:



Contact information:
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Medical records may be emailed to: _____

Please download and print the completed form, and send with the patient.