



# Animal Emergency Care of Braselton

2095 Hwy 211 Suite 2A  
Braselton, GA 30517

Phone: (470) 209 – 7222  
Fax: (470) 209 - 7221

## Transfer Sheet

### **Client Information**

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **Patient Information**

Patient Name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: Male  Female

Age or DOB: \_\_\_\_\_ Breed: \_\_\_\_\_ Altered? Yes  No

History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please send all diagnostic results.**

Labs performed? Yes  No  Radiographs? Yes  No

### **Treatments**

**Fluids:** Type: \_\_\_\_\_ Rate: \_\_\_\_\_ mL/hr Amount given: \_\_\_\_\_ mL

| Drug Name and Strength | Frequency  | Last Dose Given |
|------------------------|------------|-----------------|
|                        | q _____ hr |                 |
|                        | q _____ hr |                 |
|                        | q _____ hr |                 |
|                        | q _____ hr |                 |

Surgery/Other procedures: \_\_\_\_\_

Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Fax: \_\_\_\_\_

Please provide a phone number where you can be reached after hours in the case of additional questions: \_\_\_\_\_