

Veterinary Emergency Services – Direct Transfer of Patient
3700 S. 9th St, Lincoln NE ● Ph. (402)489-6800 ● FAX (402)489-6826
uvetsstaff@gmail.com *Please call to alert us if you are emailing records

Transferring Clinic/DVM _____

Patient name: _____ Age _____ Ok to call DVM with questions?
 Breed _____ Sex _____ Yes _____ No _____

Client Name: _____ DVM ph. _____
 Address: _____
 Home ph. _____ Cell ph. _____

On routine medication (heartworm prevention, thyroid, etc.) Yes _____ No _____ Type _____

➤History _____

➤TentativeDiagnosis _____

➤Recent diagnostics**
 CBC _____ Chemistry _____ Urinalysis _____ Radiographs _____ Fecal _____ Other _____

****Please attach a copy and/or interpretation of all diagnostics done and medical records**

Any Diagnostics requested to be performed at VES? _____

➤Fluid type: _____ Rate: _____ mLs/hr _____

➤Please List all Medications that were given and that you would like to be given/repeated at VES:

Drug Name	Amount (ml's)	Amount (mg's)	Route	Time Given (today)	Time Due at VES

➤ In the morning (circle one): Transfer back Release to owner's care VES discretion

I have explained to my client that Veterinary Emergency Services of Lincoln charged for services rendered. All outpatients are required to pay in full at the time of services. All inpatients are required to pay 75% of the lowest amount of the estimate at the time of admission and the remaining balance at the time of discharge. Please feel free to call with the veterinarian and licensed veterinary technicians with any additional information or concerns.

Referring DVM signature _____ Date _____