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: _____