



Fairfield Animal Hospital
Dr. S. Ganton, Dr. J. Watt, Dr. K. Ng, Dr. G. Reimer & Associates
1987 Kirschner Rd, Kelowna. B.C. V1Y 4N7
Ph) 250-860-6550 F) 250-860-8511
Email: fairfieldanimalhosp@gmail.com

Fairfield Animal Hospital Emergency Patient Transfer

OWNER FIRST/LAST NAME:	PATIENT NAME:
ADDRESS - including postal code:	BREED:
	SEX: F / FS / M / MN
ALL contact phone numbers:	DOB:
Regular DVM if different:	COLOR:
Special Diet:	*WEIGHT IN KG:

Reason for transfer/DDX: _____

History: _____

Exam Findings: _____

Bloodwork: Transferred with Patient Emailed

Bloodwork Findings: _____

Radiographs: Transferred with Patient Emailed

Radiograph Findings: _____

Communication with owner: _____

Medications Given:

Medication (include dosage)	Route given: Oral/IV/SQ/IM	Amount Given:	Time Given:

IV fluids: Patient transferred on IV fluids

Type: LRS, Isolyte, NaCl etc	Supplementation: KCl, Hemostam, Ca+, Mg+, etc	Time Started	Rate (ml / hr)

On Pet Insurance Name of company: _____

Referring DVM: Please include an emergency contact number - this will only be used in cases where emailed information has failed to come through, or inability to read transfer information

DVM Name: _____ Contact Phone #: _____

PLEASE CALL FAIRFIELD AT 250-860-6550 TO ARRANGE PICK UP TIME IF NECESSARY

Referring Clinic:	Referring Veterinarian:
-------------------	-------------------------

Special Requests: _____

1987 Kirschner Rd, Kelowna, B.C. V1Y 4N7 ph: 250-860-6550 F: 250-860-8511
 Email: fairfieldanimalhosp@gmail.com