PEAK PAWS
ADVANCED VETERINARY HOSPITAL

791 Haybeck Lane
Apex, NC 27523
Phone: 919-605-6300
Fax: 919-468-6338
peakpawsvet.com
er@peakpawsvet.com

Transfer Form for Patient Care

Please complete the following form and email with records to er@peakpawsvet.com or fax to 919-468-6338 AND THEN Call and speak with one of our emergency doctors at 919-605-6300

***PLEASE NOTE:** Peak Paws Advanced Veterinary Care will honor a discounted exam fee for clients that are transferring from a referring hospital with a COMPLETE CARE PLAN in place. A care plan includes a completed transfer form and copies of diagnostics performed. Otherwise, our regular ER examination fee will apply.*

Date: _____

Referring Veterinarian Information

Name _____ Hospital _____

Email _____ Phone _____

Client Information

Name _____ Address _____

Email _____ Phone _____

Patient Information

Name _____ Age / Date of Birth _____

Breed _____ Color _____ Gender _____

Temperament Notes _____ Weight _____

Transfer Information

Clinical Diagnosis _____

Presenting Complaint _____

Findings/Diagnostics Performed (please include copies of any lab work, radiographs, ultrasound, etc):

_____

_____

Current Supplements and Medications (please include dose):

_____

PLAN FOR CONTINUED CARE AT PEAK PAWS *(please add additional sheets if required)*:

_____