



## Direct Transfer Form

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Referring Clinic: \_\_\_\_\_

Can we contact you after hours? If so, provide phone number: \_\_\_\_\_

### Client Info

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Patient Info

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

### Medical History/Info

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### Problem List/Diagnosis

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What have you told owner regarding prognosis/options?

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Diagnostics performed (email to [hello@carolinavcc.com](mailto:hello@carolinavcc.com))

- Radiographs
- Labwork
- Send Out Tests/Cultures/Cytology

Have you discussed costs/expectations with the client? If so, what?

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\*\*\*PLEASE EMAIL ANY RELEVANT RECORDS/DIAGNOSTICS TO [hello@carolinavcc.com](mailto:hello@carolinavcc.com)