



## Hawkes Bay Veterinary Urgent Care & After Hours Clinic

### Overnight or Weekend Transfer Form

Owner Details	Animal Details
First name:	Patient name:
Surname:	Species:
Is owner happy to be contacted by HBAH staff: Yes/No	Breed:
Tonight's contact number:	Sex:                      Age:                      Weight:
Latest time to call:	Insured Yes/No

Clinical notes/diagnostics with owner: ☐ or emailed to HB Urgent Care and Emergency Clinic: ☐

Transferred from	Transferred for
Clinic:	Differential diagnosis:
Vet:	
Vet mobile number:  If treatment required modifications call transferring veterinarian    Y/N  Latest time to call:	Concurrent health issues:
Clinic phone number:	Required care:
Clinic email:	
If treatment plan requires modification call transferring vet: Yes/No	
Cost Discussion: <input type="checkbox"/>  *including extra fee if STAT day	Overnight hospital Care: <input type="checkbox"/>  Critical care 1: <input type="checkbox"/>  Critical care 2: <input type="checkbox"/>

Permission to discharge if well: Yes/No OR Transfer back to primary vet: Yes/ No	Discharge plan <input type="checkbox"/>
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**Fluids and Medication**

Fluid type:	Fluid rate:      ml/hr	Fluids provided: Yes/No
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**Medications**

Drug name	Dose given	Volume	Route (IV/IM/SQ/PO)	Date/time last given	Frequency prescribed	Provided Y/N

Additional Comments

If your patient needs to be referred to a specialist for further treatment, are you happy for us to refer your patient? Yes/No **OR** Would you prefer us to contact you first? Yes/No