



**METRO ANIMAL EMERGENCY CLINIC  
PATIENT TRANSFER FORM**

P. 902-468-0674

\*\*\*Please Email this form and all supporting documents (xrays, lab, etc) to [maec97@gmail.com](mailto:maec97@gmail.com)  
prior to Patients Arrival\*\*\*

\*\*\*send copy of transfer form, x-rays/Lab results and supporting documents with patient.\*\*\*

CLINIC & DOCTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

ADDRESS (including postal code): \_\_\_\_\_

PHONE #: \_\_\_\_\_ Alternate Phone# \_\_\_\_\_

EMAIL: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_ **\*\*WEIGHT\*\***: \_\_\_\_\_ **KG**

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_ AGE: \_\_\_\_\_

SEX: M MN F FS

VACCINES UP TO DATE: YES NO

**COMPLAINT/DIAGNOSES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV DRIP RATE**

Medications	Dosage (mg & mL)	Last Given	Next Due

**TREATMENT PLAN:**       **XRAYS/LAB RESULTS EMAILED TO [MAEC97@GMAIL.COM](mailto:MAEC97@GMAIL.COM)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Please indicate if you want to be notified of any status/Tx changes:

Contact Name and #: \_\_\_\_\_

PET TAXI / OWNER TRANSPORT & PAYMENT: \_\_\_\_\_