

# ANIMAL EMERGENCY CENTER INC



7220 E. 41<sup>st</sup> Street, Tulsa, OK 74145

• TELEPHONE (918) 665-0508 • FAX (918) 665-7089  
• 41<sup>st</sup> STREET BETWEEN SHERIDAN ROAD AND MEMORIAL DRIVE •

Date: \_\_\_\_\_ Veterinarian: \_\_\_\_\_ Clinic: \_\_\_\_\_

Owner: _____	Patient Name: _____
Address: _____	Species: _____ Age: _____
City/State/Zip _____	Breed: _____ Sex: _____
Telephone: _____	Weight: _____ <input type="checkbox"/> Intact <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered

Tentative Diagnosis at time of transfer: \_\_\_\_\_

Chief / Presenting Complaint: \_\_\_\_\_  
\_\_\_\_\_

History: \_\_\_\_\_  
\_\_\_\_\_

Lab Results, Diagnostics: (please attach copies of lab reports, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications/treatments (before transfer): \_\_\_\_\_  
\_\_\_\_\_

Therapeutic plan for AEC: \_\_\_\_\_  
\_\_\_\_\_

Fluids: Type \_\_\_\_\_ Rate \_\_\_\_\_ Route \_\_\_\_\_

Medications: \_\_\_\_\_

Diagnostics: \_\_\_\_\_

Special Comments/Suggestions: \_\_\_\_\_  
\_\_\_\_\_

Notify of change in condition? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> anytime <input type="checkbox"/> Until _____ a.m. _____ p.m. After hours Phone number _____ <input type="checkbox"/> OWNER <input type="checkbox"/> VETERINARIAN will be picking patient up from the AEC Do you want the patient to remain at the AEC tomorrow morning? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please call in a.m. to discuss
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