



**Aurora Veterinary Emergency Center  
at Seven Hills**  
18511 E Hampden Ave, Ste 112  
Aurora, CO 80013  
303.699.1665 (phone) 303.699.1744 (fax)



**Patient Transfer Form**

Client: _____	Patient: _____
Address: _____	Species: _____ Wt: _____
City: _____ State: _____ Zip: _____	Breed: _____
Phone (home) _____	Gender: <input type="checkbox"/> F <input type="checkbox"/> SF <input type="checkbox"/> M <input type="checkbox"/> NM
Phone (cell) _____	Age: _____

Referring Hospital: _____	Referring Veterinarian: _____
Phone: _____	
Fax: _____	

Tentative Diagnosis/Chief Complaint: _____ _____
History/Physical Exam Findings: _____ _____ _____
Diagnostics (please attach copies of results if possible): _____ _____
Treatments/Medications Given (please include dosages): _____ _____ _____
Plan: _____ _____ _____ _____
____ I authorize the attending veterinarian at Aurora Veterinary Emergency Center to make changes to this plan as deemed necessary. ____ I do not want any changes to the medical plan to be made without first consulting me. I can be reached at: _____