

# K9 Emergency Transport Form

Likely Opioid Exposure: **YES**  **NO**

Naloxone Given: **YES**  **NO**  If yes, Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Time: \_\_\_\_\_

Repeated? **1X** **2X** **3 or more X**

## ANIMAL INFORMATION:

Date: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Name: \_\_\_\_\_ ID: \_\_\_\_\_ Breed: \_\_\_\_\_

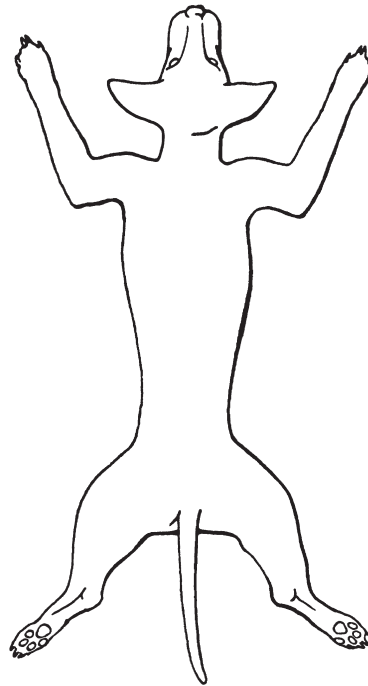
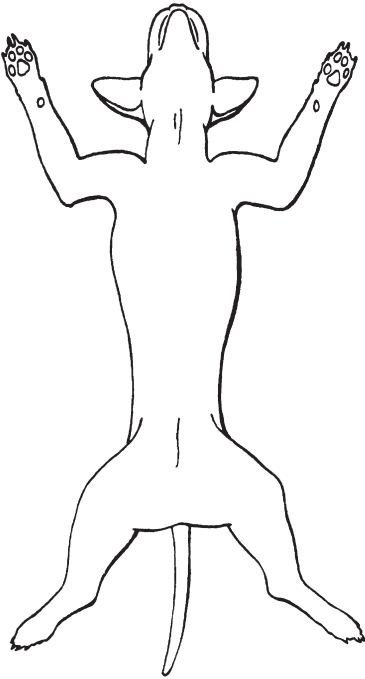
Age: \_\_\_\_\_ Gender: **M or F** Weight: \_\_\_\_\_ Kg or Lbs

## PERTINENT HISTORY:

Hit by Car \_\_\_\_\_ Gunshot \_\_\_\_\_ Stabbing \_\_\_\_\_ Bloat/Torsion \_\_\_\_\_ Explosion \_\_\_\_\_

Heatstroke/stress \_\_\_\_\_ Hypothermia \_\_\_\_\_ Drug exposure \_\_\_\_\_ Other \_\_\_\_\_

## LOCATION OF INJURIES (circle)



Pressure Bandage/Tourniquet Applied? **YES**  **NO**

If Yes, Location \_\_\_\_\_ Time \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMS AGENCY

Crewmember(s) Name(s) \_\_\_\_\_