Virginia-Maryland College of Veterinary Medicine

Veterinary Teaching Hospital 245 Duck Pond Drive Blacksburg, Virginia 24061
Email: vthpatientservices@vt.edu Phone: 540-231-4621 Fax: 540-231-9354

VETERINARY TEACHING HOSPITAL REFERRAL FORM

☐ Cardiology ☐ Neurology ☐ Dermatology ☐ Emergency ☐ Internal Medicine
☐ Oncology ☐ Ophthalmology ☐ Rehabilitation ☐ Surgery ☐ Theriogenology ☐ Unsure

Today's Date: If referring to a **CLINICAL TRIAL**, please check here: ☐

CLIENT INFORMATION

Owner's Name (Last, First):	Animal's Name:	Species:	
Street Address:	Breed:	Color:	Age:
City: State: ZIP Code:	Sex: ☐ Male ☐ Female ☐ Altered ☐ Intact		Weight:
Email:	Home Phone no.:	Cell Phone no.:	

REFERRING VETERINARIAN / CLINIC INFORMATION

Referring Veterinarian:	Practice/hospital name:		
Clinic/Hospital Address:		Office Phone no.:	
Office Fax no:	City:	State:	ZIP Code:
Email:		Best time to call:	

PATIENT CASE HISTORY

Condition of Patient: ☐ Healthy ☐ Stable ☐ Critical

Rabies Date: DHLPP Date: FDV Date:

Vaccination Status (list types, dates given):

Reason for Referral (include clinical trial name, if relevant):

Medical History/Clinical Signs:

Diagnostics and Procedures (summaries or attach pertinent records):

Current Treatments/Medications (including dosage and frequency):

Sending with patient: ☐ Copy of entire medical record ☐ Lab reports ☐ Radiographs ☐ ECG
☐ Other medical records (please specify):

REFERRAL INSTRUCTIONS

Please type directly into the form, save it, and email it to vthpatientservices@vt.edu **OR** print this form, handwrite your entries and fax it to us at 540-231-9354 **OR** scan it and email it to vthpatientservices@vt.edu.

We request that pertinent medical records should be scanned and emailed to us **OR** faxed along with the referral form prior to the initial appointment. If you require assistance, have questions or wish to discuss your patient's case prior to referral, please call the Veterinary Teaching Hospital at 540-231-4621.