



VETERINARY TEACHING HOSPITAL REFERRAL FORM

Cardiology	Dental/Community Practice	Dermatology	Emergency	Internal Medicine	Neurology
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: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Altered <input type="checkbox"/> 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:	<input type="checkbox"/> Healthy	<input type="checkbox"/> Stable	<input type="checkbox"/> 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: <input type="checkbox"/> Copy of entire medical record <input type="checkbox"/> Lab reports <input type="checkbox"/> Radiographs <input type="checkbox"/> ECG <input type="checkbox"/> 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.