

TU-VTH LARGE ANIMAL PATIENT REFERRAL FORM

E-mail (and include labs and/or radiographs as PDF attachments) the form to tucvmvetcare@tuskegee.edu

Please call us at 334-727-8436 to confirm the referral and help us address any questions in person

Services Requested (Please check box to the *left* of the service requested):

<input type="checkbox"/>	Internal Medicine	<input type="checkbox"/>	Surgery
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Emergency	<input type="checkbox"/>	Other:

Referring Veterinarian Information

Date:		Patient name:	
Doctor name:		Client name:	
Hospital name:		Client's contact Phone#:	
Phone #		Species:	
Fax #		Sex & Age:	
Email:		Markings:	

How would you like to be contacted? (Please check box next to the *left* of the contact method requested)

<input type="checkbox"/>	Phone	<input type="checkbox"/>	E-mail	
<input type="checkbox"/>	Fax	<input type="checkbox"/>	Mail	Address:

Patient History & Husbandry

Summary of Diagnostics (Please attach a copy of completed Tests, Labs and Medical Records)

<input type="checkbox"/>	Check box if sending X-rays or other diagnostic images with client
--------------------------	--

Treatments / Medications (Please include vaccination history)

Additional Comments