

UNIVERSITY OF MISSOURI VETERINARY HEALTH CENTER | **Client Referral Form**

PLEASE SEND THIS FORM AND PATIENT RECORDS TO THE EMAIL BELOW AND HAVE THE CLIENT CALL TO SCHEDULE AN APPOINTMENT

Date _____ Appointment Time _____

*If this patient does not yet have an appointment, please have the client call our hospital to schedule.

*If you are requesting a consult prior to the client scheduling please complete a consultation form that can be found on our website vhc.missouri.edu under Referring Vets.

This will introduce my client and patient:

NAMES OF CLIENT AND PATIENT

Referred by Dr. _____

FIRST NAME, LAST NAME

CITY, STATE, ZIP

<input type="checkbox"/>	EQUINE MEDICINE/EQUINE SURGERY
<input type="checkbox"/>	FOOD ANIMAL
<input type="checkbox"/>	CARDIOLOGY
<input type="checkbox"/>	SMALL ANIMAL DENTISTRY
<input type="checkbox"/>	SMALL ANIMAL INTERNAL MEDICINE
<input type="checkbox"/>	NEUROLOGY
<input type="checkbox"/>	OPHTHALMOLOGY
<input type="checkbox"/>	ONCOLOGY
<input type="checkbox"/>	SMALL ANIMAL SOFT TISSUE SURGERY
<input type="checkbox"/>	SMALL ANIMAL SPORTS REHAB
<input type="checkbox"/>	THERIOGENOLOGY

CASE HISTORY

(Include duration of illness, symptoms observed, lab results, radiographic results [include radiographs], surgical/medical treatment received, immunizations, diet, etc.)

COMMENTS/SUGGESTIONS FROM REFERRING VETERINARIAN

Please have the Client call 573-882-7821 to schedule and confirm any appointments **

EQUINE HOSPITAL

573-882-3513

Fax: 573-884-0173

FOOD ANIMAL HOSPITAL

573-882-6857

Fax: 573-884-0173

THERIOGENOLOGY

573-882-1594

Fax: 573-884-0173

SMALL ANIMAL HOSPITAL

573-882-7821

573-882-4589 After Hours Emergencies

Fax: 573-884-7563

vhcrefdvm@missouri.edu | vhc.missouri.edu