

# UNIVERSITY OF MISSOURI VETERINARY HEALTH CENTER | Client Referral Form

THIS FORM IS TO BE PRESENTED BY THE CLIENT UPON ARRIVAL AT THE VETERINARY HEALTH CENTER

Date\_\_\_\_\_ Appointment Time\_\_\_\_\_

This will introduce my client and patient:

\_\_\_\_\_

NAMES OF CLIENT AND PATIENT

Referred by Dr.

\_\_\_\_\_

FIRST AND LAST NAME

\_\_\_\_\_

CITY, STATE, ZIP

\_\_\_\_\_

PHONE NUMBER AND FAX

\_\_\_\_\_

EMAIL

- EQUINE
- SMALL ANIMAL MEDICINE
- SMALL ANIMAL SURGERY
- FOOD ANIMAL
- THERIOGENOLOGY
- OTHER

## CASE HISTORY

Include duration of illness, symptoms observed, lab results, radiographic results (include radiographs), surgical/medical treatment received, immunizations, diet, etc. Attach or fax detailed information, including results of all laboratory testing.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## COMMENTS/SUGGESTIONS FROM REFERRING VETERINARIAN

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EQUINE HOSPITAL

573-882-3513  
Fax: 573-884-0173

### FOOD ANIMAL HOSPITAL

573-882-6857  
Fax: 573-884-0173

### SMALL ANIMAL HOSPITAL

573-882-7821  
Fax: 573-884-7563

**AFTER-HOURS EMERGENCIES: 573-882-4589**

[vhcrefdvm@missouri.edu](mailto:vhcrefdvm@missouri.edu) | [vhc.missouri.edu](http://vhc.missouri.edu)