

# UNIVERSITY OF MISSOURI VETERINARY HEALTH CENTER | Neurology Referral Form

## For Emergency cases, or cases that need to be seen before first Available;

Please have the RDVM speak with the Neurologist on clinics. Cases without a phone call will be assumed non-emergent and scheduled for the first available appointment.

Please have the **Client call and schedule all appointments** directly with the Neurology Service.

Date

RDVM First and Last Name

Owner First and Last Name

Clinic Name

OwnerAddress

RDVM Address

City, State, Zip

City, State, Zip

Owner Phone

RDVM Phone and Fax

Owner Email

RDVM Email

Patient Name, Breed, Sex, Age

Would you like to consult on this case?

## CASE HISTORY

Include duration and onset of clinical signs, symptoms observed, radiographic results (include radiographs), surgical/ medical treatment received, medications, and lab work etc. Attach or send detailed information to the email below.

## FROM REFERRING VETERINARIAN Questions and Goals

### SMALL ANIMAL HOSPITAL NEUROLOGY

573-882-7821

Fax: 573-884-7563

[vhcrefdvm@missouri.edu](mailto:vhcrefdvm@missouri.edu)

AFTER-HOURS EMERGENCIES: 573-882-4589

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