

# UNIVERSITY OF MISSOURI VETERINARY HEALTH CENTER | Client Referral Form

Please send this form to the email below, and have the owner call to schedule an appointment.

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
- FOOD ANIMAL
- THERIOGENOLOGY
- SMALL ANIMAL MEDICINE
- SMALL ANIMAL SURGERY
- ONCOLOGY

Would you like to be contacted to discuss this case?

## 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

\*\*\*Please have the **Client** call **573-884-2277** 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

### SMALL ANIMAL HOSPITAL

573-882-7821

Fax: 573-884-7563

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

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