Internal Medicine Consult Request

Date:

Patient Information

Patient ID/Number:
(if seen at VMTH before)

Name:

Age: ☐ yr ☐ mo ☐ Estimated age?

Sex: ☐ FS ☐ MN ☐ FI ☐ MI

Breed:

Species ☐ Canine ☐ Feline

***Consults will be answered within 1 to 2 business days*
If you have not received a phone call after 2 business days
*please call the hospital (573) 882-7821***

Owner Information

Name:

Last Name:

Phone#:

Alt.Phone#:

Veterinarian Requesting Consult Information

Name, Last Name:

Hospital:

Preferred Phone#:

Alt.Phone#:

Do you need information about an estimate for a specific procedure but do not need to consult a DVM?	☐ No	☐ Yes	Please describe:
Do you need to discuss medical management or next steps for this patient?	☐ No	☐ Yes	If yes, please fill out the rest of this form and send along with pertinent medical notes and test results to vhcrefdvm@missouri.edu *please note we do not have access to results of any tests sent to the VMDL

Case summary *(please include relevant history, abnormal PE or diagnostic findings)*

Please list any specific question(s) you may have

***** If the patient needs an appointment please have the **Owner** call **573-882-7821** to **schedule and confirm the appointment.** *****