

UNIVERSITY OF MISSOURI COLLEGE OF VETERINARY MEDICINE | **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

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

EQUINE MEDICINE/EQUINE SURGERY

FOOD ANIMAL

CARDIOLOGY

SMALL ANIMAL DENTISTRY

SMALL ANIMAL DERMATOLOGY

SMALL ANIMAL INTERNAL MEDICINE

NEUROLOGY

OPHTHALMOLOGY

ONCOLOGY

SMALL ANIMAL ORTHOPEDIC SURGERY

SMALL ANIMAL SOFT TISSUE SURGERY

SMALL ANIMAL SPORTS REHAB

THERIOGENOLOGY

*Please have the client call 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
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