

Recheck

REFERRAL INFORMATION

All fields are required.

Check to update contact information **Emergency – Sending ASAP: Please call 785-532-5555** Owner will Schedule

Consultation/Referral:

Consultation Only Phone or Email Consultation w/ Possible Referral Referral in Person

Referring DVM: _____

Service Requested:

- | | |
|--|---|
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Dermatology |
| <input type="checkbox"/> Equine Medicine | <input type="checkbox"/> Equine Surgery |
| <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Small Animal Medicine | <input type="checkbox"/> Exotics |
| <input type="checkbox"/> Livestock Services Medicine/Surgery | |
| <input type="checkbox"/> Small Animal Orthopedic Surgery | |
| <input type="checkbox"/> Small Animal Soft Tissue Surgery | |

DVM Email: _____

Telephone: _____

Fax: _____

Address: _____

Address 2: _____

City: _____ State: _____ Zip: _____

* Please contact our Referral Coordinator at 785-532-5555 if your contact information changes.

Client's Name: _____ Email: _____

Home Phone: _____ Cell: _____

Address: _____

Address 2: _____

City: _____ State: _____ Zip: _____

PATIENT INFORMATION * All Fields are required.

Name: _____ **Breed:** _____

Patient Sex: Female Intact Female Spay Female Unknow Hermaphrodite **DOB:** _____
 Litter Male Intact Male Castrate Male Unknown Unknown

Known Allergies: _____

Patient Color: _____ **Vaccination Status:** _____

Reason for Referral: _____

On Routine Medication (heartworm, thyroid, others): Yes No Type: _____

REFERRING DVM CONTACT PREFERENCE

Preferred Contact Method: _____

Current Therapy (including dates and dosages):

Patient History:

Current Physical Findings:

Problem/Tentative diagnosis:

Radiographic findings; clinical pathology and special diagnostic exam: (please send copy with client if available):

Additional Information:

If sending radiographs, please include at least two views.

Print and Fax Form to (785) 532-4900

Additional Information (medical record and/or radiographs should be emailed to referrals@vet.k-state.edu)