

Small Animal Hospital

Client/Appointment Phone: (765) 494-1107
Fax: (765) 496-1025
Referring Veterinarian Phone: (765) 496-1000
(Veterinarian use only)

Large Animal Hospital

Client/Appointment Phone: (765) 494-8548
Fax: (765) 496-2641

PLEASE PRINT

SMALL ANIMALS ONLY, should be presented after an 8-12 hour fast.
If radiographs were taken, please send with the client.

Date of Referral: _____

Has the owner had animals at the Purdue Teaching Hospital before? Yes No This animal? Yes No

Owner Name _____

Co-Owner _____

Home Phone _____

Work Phone _____

Cell Phone/Pager _____

Animal's Name _____

Sex M Mc F Fs

Color _____

Species _____

Breed _____

Date of Birth _____

Temperament _____

Reason for Visit:

Medical History/
Physical Findings Copy of patient record: Sent with owner Faxed to VTH
Provide history if not faxed or sent with owner

6. **Vaccination History:** (If patient record provided, continue with section (8)) _____

7. **Laboratory History:** Copy Faxed to VTH Copy sent with owner

8. **Other Tests:** ECG Radiographs: Copy sent with owner Copy Faxed to VTH

Other: _____

9. **Referring Veterinarian** _____ **Clinic** _____

Address _____ Phone _____

City _____ State _____ Zip _____ Fax _____

Number of pages faxed: _____.

Referring Veterinarian's Signature

Send me _____ more of the Referral forms