

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 forward to the Help Desk at pusah@purdue.edu.

Date of Referral: _____

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

Owner Name _____

Co-Owner _____

Cell Phone _____

Email _____

Animal's Name _____

Sex M Mc F Fs

Color _____

Species _____

Breed _____

Date of Birth _____

Temperament _____

Referring patient to:

- | | | | |
|-------------|---------------|-------------------------|---------------------|
| Behavior | Medicine | Orthopedic Surgery | Soft Tissue Surgery |
| Cardiology | Neurology | Physical Rehabilitation | |
| Dermatology | Oncology | Primary Care Dental | |
| Emergency | Ophthalmology | Radiation | |

Reason for Visit: _____

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

Vaccination History:

Laboratory History: Copy Faxed to VTH Copy sent with owner

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

Other:___

Referring Veterinarian _____ Clinic _____

Address _____ Phone _____

City _____ State _____ Zip _____ Fax _____

Number of pages faxed: _____.

Referring Veterinarian's Signature