

**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, send with client, or upload at purdue.vet/uploads.

**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 \_\_\_\_\_

**Referring patient to:**

- |             |               |                     |                     |
|-------------|---------------|---------------------|---------------------|
| Behavior    | Medicine      | Orthopedic Surgery  | Soft Tissue Surgery |
| Cardiology  | Neurology     | Physical Therapy    |                     |
| 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        Upload to purdue.vet/uploads
	<b>Provide history if not faxed, sent with owner or uploaded</b>

**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