

Referral Information**K-State Veterinary Medicine**

Referring DVM _____
Address _____
Phone # _____
Fax # _____
Email _____
 (Please contact our Referral Coordinator at 785-532-5555 if your contact information changes.)

KSU VMTH Service Requested:

- | | |
|---|---|
| <input type="checkbox"/> Small Animal Medicine | <input type="checkbox"/> Cardiology |
| <input type="checkbox"/> Small Animal Surgery | <input type="checkbox"/> Exotics |
| <input type="checkbox"/> Equine Medicine | <input type="checkbox"/> Dermatology |
| <input type="checkbox"/> Equine Surgery | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Food Animal Med/Surgery | <input type="checkbox"/> Ophthalmology |

Client Name _____
Phone # _____

Patient: Name _____ Age _____ Breed _____ Sex _____

Reason for referral: _____

Vaccination status: _____

On routine medication (heart worm, thyroid, others) Yes _____ No _____ Type _____

Current therapy (include dates and dosages): _____

History: _____

Physical findings: _____

Problem/Tentative diagnosis: _____

Radiographic findings; clinical pathology and special diagnostic exam: (please attach copies of results if available) _____

Additional information: _____

I have explained to my client that the Kansas State University Veterinary Medical Teaching Hospital charges for services rendered. Outpatients are required to pay in full at time of discharge. Inpatients are required to pay 60% of the estimate at time of admission and the remaining balance at time of discharge.

Referring Veterinarian Signature

Date

Please call for an appointment:

Small Animal 785-532-5690
Large Animal 785-532-5700
Referring Vet Direct Line 785-532-5555

Date/Time of Appointment