



TO DISCOVER. TO TEACH. TO HEAL.

Please call for an appointment:

Small Animal 785-532-5690

Large Animal 785-532-5700

Referring Vet Direct Line 785-532-5555

**VHC Service Requested:**

- Small Animal Medicine    Small Animal Surgery    Equine Medicine    Equine Surgery    Livestock Services  
 Cardiology    Dermatology    Exotics    Oncology    Ophthalmology

**Referring Veterinarian:** \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Client's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Patient:** Name \_\_\_\_\_ Age \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_

Reason for referral: \_\_\_\_\_

Vaccination status: \_\_\_\_\_

On routine medication (heart worm, thyroid, others) Yes \_\_\_ No \_\_\_ Med. 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 Veterinary Health Center at Kansas State University 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 the time of discharge.

\_\_\_\_\_  
**Referring Veterinarian Signature**

\_\_\_\_\_  
**Date**  
Please Indicate:

\_\_\_\_\_  
**Date/Time of Appointment**

Sending ASAP

Owner will schedule

**Print and Fax Form to (785) 532-4900**

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

Updated 5/2016