



PURDUE UNIVERSITY

**Referral Form
Veterinary Teaching Hospital**

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.

Please forward all records and imaging to the Referral 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 Ophthalmology Soft Tissue Surgery
- Cardiology Neurology Primary Care Dental Orthopedic Surgery
- Dermatology Oncology Radiation Physical Rehabilitation

Emergency Critical Care - Please call (765) 496-1000 first, then send all records and imaging

Reason for Visit and Physical Findings:

Records:

Medical History:	Emailed / Faxed to VTH	Copy sent with Owner
Vaccination History:	Emailed / Faxed to VTH	Copy sent with Owner
Laboratory History:	Emailed / Faxed to VTH	Copy sent with Owner
Imaging / Radiographs	Emailed to VTH	Copy sent with Owner

Other:

Referring Veterinarian _____ **Clinic** _____

Address _____ **Phone** _____

City _____ **State** _____ **Zip** _____ **Fax** _____

Number of pages faxed: _____.

Referring Veterinarian's Signature

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If you have trouble accessing this document because of a disability, please contact PVM Web Communications at vetwebteam@purdue.edu.