



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 Farm Animal Med/Surgery
 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

Date/Time of Appointment

Print and Fax Form to (785) 532-4900