

University of Wisconsin-Madison  
School of Veterinary Medicine  
Veterinary Medical Teaching Hospital  
2015 Linden Drive  
Madison, WI 53706-1102

General Hospital Number (608) 263-7600  
Toll Free (800) 386-8684  
VMTH Pharmacy (608) 263-9950  
FAX (608) 265-8276

DATE \_\_\_\_\_

**REFERRING VETERINARIAN**

Name: \_\_\_\_\_  
Clinic: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Clinic Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_  
E-mail \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

**OWNER**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**PATIENT INFORMATION**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Species: \_\_\_\_\_ Color: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Sex:  Male  Male/Castrated Vaccination Status: Current Due (Date)  
 Female  Female/Spayed Rabies:   \_\_\_\_\_  
Handling Precautions? \_\_\_\_\_ Distemper/Panleuk:   \_\_\_\_\_

**REFERRAL INFORMATION**

**HISTORY AND PHYSICAL FINDINGS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LABORATORY AND RADIOGRAPHY DATA (Please attach copies of all pertinent reports):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TREATMENT:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DIAGNOSIS/REMARKS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Referring Veterinarian's Signature