



**UW Veterinary Care**  
University of Wisconsin-Madison  
VETERINARY MEDICAL TEACHING HOSPITAL

## Small Animal Internal Medicine Specialty

2nd OPINION/CONSULTATION  
(608) 265-8276 FAX  
(608) 263-7600 PHONE  
saim@vetmed.wisc.edu

2<sup>nd</sup> OPINION/FAX CONSULTATION is a specialty consultation service for veterinarians with small animal patients with internal medicine problems. This includes hematologic, endocrine, gastrointestinal, hepatic/pancreatic, renal and urologic disorders.

PLEASE DO NOT USE THIS FORM: for Cardiology, Dermatology, Neurology or Oncology Consults.

TO REQUEST A CONSULTATION, please fill out this form in its entirety. Please send copies of all lab results as attachments with this form. Please do not send copies of notations in medical records as these can be difficult to read when being faxed.

FAX this form (and any labs) to 608-265-8276 or EMAIL form and attachments to saim@vetmed.wisc.edu. We strive to reply within 2 business days but do apologize in advance if there is a delay due to service demand. Please note that our responses are informational only; we do not assume liability or responsibility for patient outcome.

Note: There is no charge for the consultation service.

DVM:

Clinic:

**\*\* Best phone number and time to reach you:**

Owner's Last Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Signalment:  K9  Feline Breed: \_\_\_\_\_

Gender:  Female  Female Spayed  Male  Male Neutered

Date of Birth/Approx. Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Owner's chief complaint:

**Pertinent past history:**

**Recent history and duration of problem:**

**Physical exam findings:**

**Abnormal findings on labwork (please attach all relevant labwork):**

**Abnormal findings on radiographs (please email if possible):**

**Results of other relevant tests (please attach if possible):**

**Treatment to date and response, including all current meds (with dosage):**

**Your working diagnosis:**

**Specific questions you want addressed:**