



Help us coordinate your patient's upcoming appointment. Please send this form and the following documentation:

- Relevant Medical Records (Last 1-2 Years)
- Relevant Digital Radiographs

Please Fax to (608) 265-8276 or Email to referral@vetmed.wisc.edu.

When the animal is discharged from our hospital, we will send you a copy of the discharge instructions that were given to the client. Thank you again for your referral!

Referral from Dr.	_____	Clinic	_____
Patient name	_____	Client name	_____
Breed	_____	Address	_____
DOB	_____	City, State ZIP	_____
Wt- lb/kg	_____	Phone	_____
Sex- M, MN, F, FS	_____	Alternate Phone	_____

Chief complaint/
tentative diagnosis:

Summary of history/
exam findings:

Treatments to date:

Special requests or
specific expectations
for this referral:

- Laboratory data attached
- Patient radiographs or ultrasounds performed?
 - emailed to referral@vetmed.wisc.edu
 - mailed
 - sent with client