

## Referral Information



9706 Mockingbird Drive  
Omaha, NE 68127-2013  
Phone: 402-614-9000 Fax: 402-614-5445

Referring DVM  
Hospital \_\_\_\_\_  
Phone # \_\_\_\_\_  
Fax # \_\_\_\_\_  
Email \_\_\_\_\_

Client Name \_\_\_\_\_  
Phone # \_\_\_\_\_

Patient: Name \_\_\_\_\_ Age \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_

Reason for referral:

Vaccination status:

On routine medication (heart worm, thyroid, others) Yes \_\_\_\_\_ No \_\_\_\_\_ 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 Midwest Veterinary Specialty Hospital 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 time of discharge.

\_\_\_\_\_  
Referring Veterinarian Signature

\_\_\_\_\_  
Date

**Please call for an appointment: 402-614-9000**

\_\_\_\_\_  
Date/Time of Appointment



**MidWest Veterinary Specialty Hospital is an affiliate program of the Veterinary Medical Teaching Hospital at Kansas State University.**