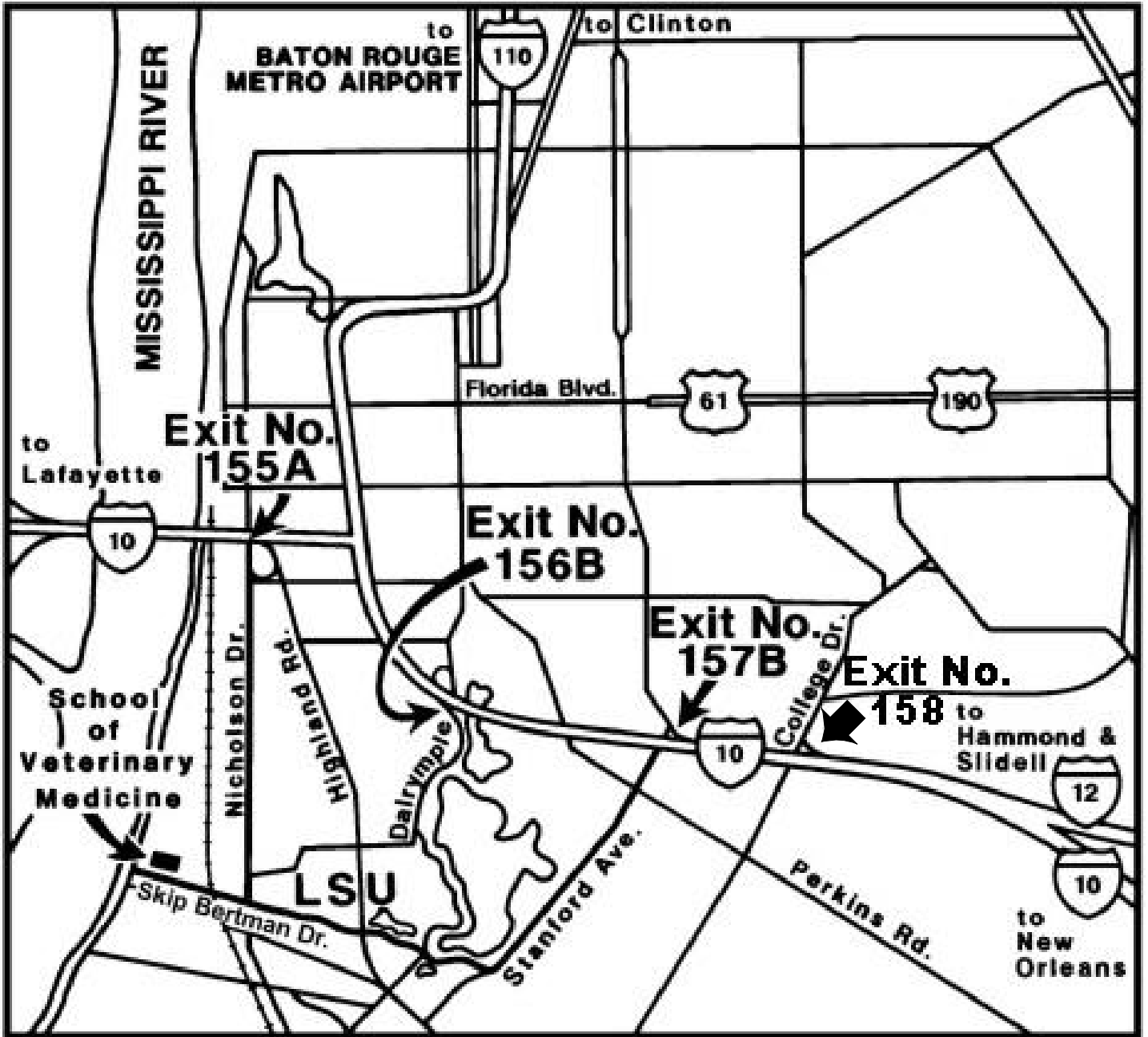


MAP



Date & Time of Appointment: ____ / ____ / ____ @ _____ am/pm
(Please plan to arrive 15 minutes prior to appointment time for registration)

Dr./Service for Appointment: _____

APPOINTMENTS MUST BE MADE IN ADVANCE

(225) 578-9500

Large Animal Clinic

(225) 578-9600

Small Animal Clinic



Veterinary Teaching Hospital B Equine Clinic

Skip Bertman Drive Baton Rouge, LA 70803
(225) 578-9500 Office (225) 578-9605 Fax

REFERRAL FORM

Owner=s Name: _____

Address: _____ Phone#: _____

Patient=s Name: _____

Species: _____ Breed: _____ Sex: _____ Birthdate: _____

Past Medical History

1) Vaccinations & Parasite Checks/Control (most recent): _____

2) Past illnesses (date & diagnosis): _____

3) Previous surgery (date & procedure): _____

4) Adverse reaction to medications: _____

Current Medical History

1) Description of current illness: _____

2) Complete treatment history (drugs, dosages, dates, duration, response) or copy of medical record: _____

3) Lab and/or radiograph reports attached? _____ (If available, please send lab reports/radiographs)

4) Current medication for other than referred condition: _____

5) Tentative diagnosis or current assessment: _____

6) Remarks/Requests: _____

7) Please attach any additional information you feel is pertinent: _____

8) I have explained to my client that LSU, VTH&C does charge for services rendered and that a deposit is required at the time the animal is admitted, and full payment is required at discharge.

9) Referring Veterinarian: _____ Phone#: _____

Mailing Address: _____ Best time(s) to phone: _____

