



Referral Data Form

University of Illinois, Veterinary Teaching Hospital
1008 West Hazelwood Drive, Urbana, IL 61802
Web: vetmed.illinois.edu/vth

Phone Numbers for Referring Veterinarians Only

Small Animal: (217) 333-5311
Large Animal: (217) 333-2001
Medical Records Fax: (217) 244-9554
Large Animal Records Fax: (217) 333-9796

Please print/Use black ink

If possible, animal should be presented after an 8 to 12 hour fast.

If radiographs were taken, please send with client.

They will be either mailed back or returned by the client.

Date of Referral: _____

Referring Veterinarian: _____ Clinic: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____ E-mail: _____

Alternate Phone: (____) _____ - _____

Preferred Method of Contact: e-mail phone Preferred time of Contact: _____

Owner's name: _____

Spouse or Co-owner(s): _____ Driver's Lic. #: _____ - _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: (____) _____ - _____ Business phone: (____) _____ - _____

Animal's name: _____ Species: _____ Sex: M MC

Age: _____ Color: _____ Breed: _____ F FS

Known Allergies: _____

Tentative Diagnosis/Primary Complaint: _____

Pertinent Medical History: _____

_____ (continue on back)

Medication History (dates and dosages): _____

Type and Date of Last Vaccinations: _____

Lab History (Please send copies or use flow sheet at go.illinois.edu/referralform; include lab normals):

Other Tests (ECG, X-Ray, etc.): _____