



CLIENT/PATIENT REFERRAL FORM

If this is an emergency, please call the Small Animal Teaching Hospital at 979.845.2351, or the Large Animal Teaching Hospital at 979.845.3541, and speak with a staff member.

DO NOT LEAVE A MESSAGE!

**THIS FORM IS
FOR REFERRING
VETERINARIANS
ONLY!**

CLIENT / PET OWNER INFORMATION

Client's Last Name*

Client's First Name*

Authorized Contact(s)*

Address*

City*

State*

Zip Code*

Cell Phone Number*

Email Address*

REFERRING VETERINARIAN INFORMATION

Referring Veterinarian's Last Name*

Referring Veterinarian's First Name*

Clinic Name*

Address*

City*

State*

Zip Code*

Phone Number*

Fax Number*

Email Address*

Date of Referral*

Is this your first referral to the Veterinary Medical Teaching Hospital (VMTH)?*

Yes

No

PATIENT'S INFORMATION

Patient's Name*

Patient's DOB*

Species*

Color*

Breed*

Sex* Male Male Castrated Female Female Spayed Other (unknown) Herd

Patient Alert/Allergies*

REFERRAL INFORMATION

To which VMTH Service are your referring your patient?*

LA Community Practice

LA/SA Dentistry

LA/SA Soft Tissue Surgery

LA Food Animal Medicine/Surgery

LA/SA Dermatology

SA Interventional Radiology

LA Sports Medicine

LA/SA Internal Medicine

SA Neurology

LA Theriogenology

LA/SA Ophthalmology

SA Oncology (Med/Rad/Sx)

LA/SA Cardiology

LA/SA Orthopedic Surgery

SA Rehabilitation

Please describe the reason you're referring your patient to the Veterinary Medical Teaching Hospital.*

Please complete the entire form and email it with all records and diagnostic images to referral@tamu.edu.
*Please let your client know it may take up to two business days to process the referral.
We will contact them to confirm information and set up an appointment.*