



CLIENT REFERRAL FORM

Marion duPont Scott Equine Medical Center
Virginia-Maryland Regional College of Veterinary Medicine
17690 Old Waterford Road, P.O. Box 1938, Leesburg, VA 20177
Telephone: 703/771-6800
Emergency Service After Hours: 1-800-436-2911
Facsimile: 703/771-6810
www.equinemedicalcenter.net

This form may be emailed to rstack@vt.edu.

Referring Veterinarian:

Client Name: _____ Agent Name: _____
Client Telephone #: _____ Agent Telephone #: _____
Patient ID: _____ Name: _____ Age: _____ Sex: _____ Breed: _____

Medical history including prescribed medications:

Physical and laboratory findings:

Diagnosis:

Special requests:

Information concerning cases referred to the Equine Medical Center is shared by fax, phone and/or e-mail. Communications will be distributed when the case is dismissed, after an emergency referral or when there is a change in the predicted outcome. Please list your preferred method of communications for this case.

Fax: _____
Phone: _____
E-mail: _____