

BLACKSBURG, VA 24061
 (540) 231-4621
 FAX (540) 231-9354

TYPE OF REFERRAL			
<i>(please see reverse side for laboratory referral information)</i>			
DATE:	MEDICAL <input type="checkbox"/>	SURGICAL <input type="checkbox"/>	LABORATORY <input type="checkbox"/>
CLIENT INFORMATION			
<i>(please assist us by legibly completing all requested information)</i>			
OWNER'S NAME:	ANIMAL'S NAME:		
ADDRESS:	SPECIES:	BREED:	AGE:
CITY:	STATE:	ZIP:	COLOR:
HOME PHONE:	WORK PHONE:	NO. IN GROUP:	NO. AFFECTED:
NO. DEAD:			
HISTORY/CLINICAL SIGNS/PROBLEMS:			
VACCINATION STATUS (list types, date given):			
LABORATORY/PROCEDURES/RADIOLOGY RESULTS (summaries or attach pertinent copies):			
PAST MEDICAL/SURGICAL PROBLEMS:			
TREATMENT(S) (list drug, dosages and frequency for each medication):			

ADDITIONAL INFORMATION:			
REFERRING VETERINARIAN:		CLINIC/PRACTICE:	
ADDRESS:	CITY:	STATE:	ZIP:
OFFICE PHONE:	OFFICE FAX:	OPTIMAL TIME FOR CALL:	
APPOINTMENT DATE:	APPOINTMENT TIME:	SIGNATURE OF REFERRING VETERINARIAN:	
<p>LABORATORY REFERRAL (please include pertinent history on previous page) PLEASE ADDRESS SAMPLES SUBMITTED TO LABORATORIES AS FOLLOWS: Laboratory Central Receiving Veterinary Teaching Hospital (0443) Virginia-Maryland Regional College of Veterinary Medicine Duckpond Road Blacksburg, VA 24061</p>			
LABORATORY: CLINICAL PATHOLOGY <input type="checkbox"/>	MICROBIOLOGY <input type="checkbox"/>	HISTOPATHOLOGY <input type="checkbox"/>	IMMUNOLOGY <input type="checkbox"/>
VIROLOGY <input type="checkbox"/>	TOXICOLOGY <input type="checkbox"/>	PARASITOLOGY <input type="checkbox"/>	NECROPSY <input type="checkbox"/>
PREVIOUS VTH ADMISSION? YES <input type="checkbox"/> NO <input type="checkbox"/>		VTH ACCESSION NUMBER:	
SAMPLES SUBMITTED: NON-INFECTIOUS <input type="checkbox"/>		INFECTIOUS <input type="checkbox"/>	
SAMPLES(S) SUBMITTED/SITES(S):			
TESTS REQUESTED:			
CALL ME WITH RESULTS <input type="checkbox"/>	SEND WRITTEN REPORT <input type="checkbox"/>	SEND WRITTEN REPORT AND CALL ME <input type="checkbox"/>	