Virginia-Maryland College of Veterinary Medicine

Animal Cancer Care and Research Center
4 Riverside Circle
Roanoke, VA 24016
Email: oncology@vt.edu Phone: 540-526-2300

Service Requested: ☐ Referral ☐ Consultation ☐ Clinical Trial

Today's Date: If referring to a **CLINICAL TRIAL**, please check here: ☐

CLIENT INFORMATION

Owner's Name (Last, First):			Animal's Name:	Species:
Street Address:			Breed: Color:	Age:
City:	State:	ZIP Code:	Sex: ☐ Male ☐ Female ☐ Altered ☐ Intact	Weight:
Email:			Home Phone no.:	Cell Phone no.:

REFERRING VETERINARIAN / CLINIC INFORMATION

Referring Veterinarian:		Practice/hospital name:	
Clinic/Hospital Address:			Office Phone no.:
Office Fax no:	City:	State:	ZIP Code:
Email:			Best time to call:

PATIENT CASE HISTORY

Condition of Patient: ☐ Healthy ☐ Stable ☐ Critical

Rabies Date: DHLPP Date: FDV Date:

Vaccination Status (list types, dates given):

Reason for Referral (include clinical trial name, if relevant):

Medical History/Clinical Signs:

Diagnostics and Procedures (summaries or attach pertinent records):

Current Treatments/Medications (including dosage and frequency):

Sending with patient: ☐ Copy of entire medical record ☐ Lab reports ☐ Radiographs ☐ ECG
☐ Other medical records (please specify):

REFERRAL INSTRUCTIONS

Please type directly into the form, save it, and email it to oncology@vt.edu

We request that pertinent medical records should be scanned and emailed to us prior to the initial appointment. If you require assistance, have questions or wish to discuss your patient's case prior to referral, please call the Animal Cancer Care and Research Center at 540-526-2300.