University Veterinary Care Center Patient Referral Form

Thank you for giving us the opportunity to work with you, your patient, and your client. So that we may better understand this case and the goals you have in managing it, please provide us with the information below and include any pertinent medical notes, imaging, or lab results. Our intention is to work collaboratively with your office to ultimately provide the best care for this animal. -UVCC

Referring Veterinarian Information

Name of Referring Veterinarian: ______________________________

Veterinary Practice: ______________________________

Practice Phone: ______________ Fax Number: ______________ Date: ______________

Email: ______________ Preferred Method of Communication: ______________

Client Information

Last Name: ______________ First Name: ______________

Title (check one): __ Dr. __Mr. __Mrs. __Ms. __Mx. Occupation: ______________

Email: ______________ Address: ______________

City: ______________ State: ____________ Zip: ___________

Cell Phone: ______________ Work Phone: ______________

Spouse/Co-Owner Last Name:______________ First Name: ______________

Spouse/Co-Owner Phone: ______________

How would you prefer to be contacted (check all that apply): ___Email ___Text ___Phone Call

Patient Information

Name: ______________ Species: ______________ Breed: ______________

Age or DOB: ______________ Coloring: ______________

(Circle answers): Male/Female and Spayed/Neutered/Unaltered

Client Consent

We require all services to be paid for at the time they are performed. In order to help control the escalating costs of medical care, University Veterinary Care Center no longer allows charging bills to personal credit accounts. To help clients spread the expense of larger bills, we offer credit services through Care Credit and Scratchpay. By signing here, you indicate you are aware and agree to our payment policy. Additionally, with respect to the above listed patient, you consent to share medical records with the referring practice and veterinarian for the purpose of collaborating the best treatment plan for your animal. You are at least 18 years of age and are the owner or representative agent of the pet described above.

Signature: ______________________________Date: ______________