



PATIENT REFERRAL INFORMATION

Colorado State University
Veterinary Teaching Hospital
300 W. Drake
Fort Collins, CO 80523

Hospital Switchboard
Small Animal Appointments
Large Animal Appointments
Hospital Fax

970-221-4535
970-297-4477
970-297-4471
970-297-1205

All patients are referred for a complete work up and treatment unless otherwise arranged with the primary care clinician. Office hours are by appointment only. To schedule an appointment call between 8:30 a.m. and 4:00 p.m., Mon.-Fri. Payment in full is expected at dismissal. If more information is required, call our Business Office Mon.-Fri. from 8-5, 970-297-1263.

Appointment Date _____

Appointment Time _____

REFERRING VETERINARIAN

Name _____

Address _____

Work Telephone (____) _____

Home Telephone (____) _____

FAX Number (____) _____

OWNER INFORMATION

Name _____ (Spouse) _____

Address _____

Work Telephone (____) _____

Home Telephone (____) _____

PATIENT INFORMATION

Name/tag # _____

Breed _____

Species _____ Color _____ Birth Date _____ Sex F SF M CM

REQUEST FOR COMMUNICATION

Telephone call requested:

When animal is admitted

When animal is discharged

Only a letter after discharge

Letter to other referring veterinarian

Name _____

Address _____

HISTORY AND PHYSICAL FINDINGS

LABORATORY/RADIOGRAPHIC DATA

____ Laboratory Reports Attached

____ Radiographic Films/Reports Attached

BIOPSY INFORMATION

Date _____ Slide Number(s) _____

Lab Used _____

PATIENT REFERRAL INFORMATION CONT.

SURGICAL/MEDICAL TREATMENTS

DIAGNOSIS/REMARKS

Referring Veterinarian's Signature

1.

Detail map:
From Interstate 25 to the Veterinary Teaching Hospital

2.

**Call
297-4488
if you need
additional
directions**

N
↑
W ← → E
↓
S

Detail map:
Veterinary Teaching Hospital client parking

3.