

# UTCVM VETERINARY MEDICAL CENTER

## REFERRAL FORM

2407 River Drive  
Knoxville, Tennessee, 37996-4546

VMR218\_EQ\_ReferralForm | UPDATED 03/07/18

**EQUINE HOSPITAL  
EQUINE PERFORMANCE &  
REHABILITATION CENTER**

PHONE **865-974-8387**  
FAX **865-946-1786**

**PLEASE CHECK IF YOU WOULD LIKE UTCVM TO CONTACT CLIENT FOR APPOINTMENT.**

Patient Name or ID:		UTCVM Medical Record Number:				
Species:	Breed:	Sex:	Age:	Wgt:	Color:	Date:
Owner:		Home Phone:			Work Phone:	
Street address:					Cell Phone:	
City:		State:	Zip Code:	Email Address:		

**PLEASE SEND COPIES OF PERTINENT MEDICAL RECORDS, RADIOGRAPHS, AND LAB RESULTS**

Clinical Diagnosis or Reason for Referral:	Radiographs and/or images may be sent with clients on CD or hard copy. DICOM images are the preferred format. MRI, CT and Ultrasound images are required to be DICOM images on a CD. Digital images may be sent via email to the case clinician.			
	No images	Sent w/client	Mailed/Dropped off	Emailed

Vaccination Status:	Products	Date Given	Products	Date Given	Coggins Test	Date
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Any known adverse vaccine reaction (clinical sign, treatment, outcome): \_\_\_\_\_

**Pertinent History:** (Please fax or email a copy of medical history pertaining to admitting complaint.)

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**Pertinent Lab Results:** (Please send a complete copy of results.)

No labs      Labs sent with client      Labs emailed or Dropbox      Labs faxed

Current Medication/Treatment: (If complex/ongoing condition, please send medical records showing meds/treatment.)	Appointment Date: _____ AM PM
	Owner informed of deposit policy?    yes    no
	Estimate Given:    yes    no    \$ _____

Referring Veterinarian:	Are you also the patient's primary veterinarian?	CLINICAL SERVICE: Equine Hospital Equine Performance & Rehab. Center
First _____ Last _____	Yes    No	
Veterinary Clinic:		REFERRED TO: Acupuncture Cardiology Chiropractics Dermatology Equine Rehabilitation Internal Medicine Lameness Neonatology (sick foals) Ophthalmology Reproductive Medicine Surgery Other _____
Address:		
Address 2:		
City:	State: _____ Zip Code: _____	
Phone:		
E-Mail:		
Fax:		

**MUST BE COMPLETED BY REFERRING VETERINARIAN AND FAXED OR EMAILED PRIOR TO APPOINTMENT.  
SUBMISSION WILL ENSURE YOU RECEIVE A FOLLOW UP REPORT ON THIS PATIENT.**

# REFERRAL FORM

For directions to the University of Tennessee Veterinary Medical Center  
Visit [vetmed.tennessee.edu/home/Pages/Contact-UTCVM.aspx](http://vetmed.tennessee.edu/home/Pages/Contact-UTCVM.aspx) or Call **865-974-8387**

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## STATEMENT OF FINANCIAL POLICY

UNIVERSITY OF TENNESSEE - VETERINARY MEDICAL CENTER

At the University of Tennessee Veterinary Medical Center, we endeavor to render each patient the best possible medical treatment at the lowest possible cost. Therefore, the following financial policies will be strictly enforced:

1. A deposit in proportion to the estimated cost is required upon hospital admission.
2. Payment in full is due upon discharge of the patient.
3. Payments can be made by: Cash, Check, Care Credit, American Express, Discover, MasterCard or VISA.
4. A \$30.00 Service Fee will be charged on all returned checks.

Please direct all inquiries to (865) 974-5661

## AGGRESSIVE ANIMAL POLICY

DEPARTMENT OF LARGE ANIMAL CLINICAL SCIENCES

Animals are sometimes presented to our hospital that are impossible to handle without exposing our faculty, staff and students or our patients to unacceptable risk of injury. In these patients satisfactory examination and treatment cannot be performed without reducing the quality of care that we can provide. Hospitalization and treatment must be done in a safe environment. This policy was instituted for that purpose.

1. Any aggressive, unmanageable animal may be denied admission to the hospital. The final decision concerning hospitalization of an aggressive animal will be made at the discretion of the senior clinician of the clinical service.
2. Owners should be informed and the medical record documented that the animal is or could potentially be dangerous to other animals, the owner, or other people.
3. If a known aggressive animal is admitted at the discretion of the senior clinician, the owner will be asked to sign a statement of liability regarding their animal.
4. Any incident of aggressive behavior will be recorded in the animal's record and the owner informed.
5. UTCVM reserves the right to dismiss from further diagnostics and treatment and refuse further service to animals that display unmanageable or aggressive behavior. The client is responsible for any and all charges up to the time treatment is terminated.