

UTCVM ZOOLOGICAL COMPANION ANIMAL SERVICE

ZCA Consultation Form (NOT FOR REFERRAL)EMAIL: utexotics@utk.edu

If this is an emergency, please contact the Zoological Companion Animal service at 865-974-8387.

Response to your consult request may take up to 3 business days.

DATE SENT: _____ # OF PAGES SENT: _____

Veterinarian: _____ Clinic Name: _____

Fax: _____ Phone: _____ Email: _____

Owner (name): _____ Animal (name): _____

Species: _____ Color: _____ Sex: M M/C F F/S Unkown

Weight: _____ Breed: _____ Age/DOB: _____

Diagnosis (attach biopsy and/or cytology reports): _____

Request: Case management advice

Pertinent History and Husbandry (dates): _____

_____Please check below any diagnostic tests already performed and attach the results: (Please do not fax entire medical record) CBC Biochemistry Radiographs (date): _____ Infectious disease testing (date): _____

Current drug therapy (Dosage in mg/kg and frequency): _____

_____**Continue to next page**

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Questions you would like addressed: _____

This information is privileged medical advice and should not be shared directly with the client. It is solely for UTCVM Zoological Companion Animal service to review and provide possible treatment options of the above-named animal (patient) based on the information provided. A reply is sent to the veterinarian of record within 3 days from receipt of the form. This form does not constitute a Veterinarian/Client/Patient relationship with the UTCVM Veterinary Medical Center. We are unable to communicate with the client without an official in-office consult. Supervision of said animal remains the responsibility of the treating clinician. Above are general recommendations based on the information provided and pertain to the above-named pet only. These treatment recommendations and cost estimates are subject to change.

This form should not be used to request a sooner appointment for your patient.