

UTCVM VETERINARY MEDICAL CENTER

REFERRAL FORM

2407 River Drive
Knoxville, Tennessee, 37996-4546

VMR219_FA_ReferralForm | UPDATED 03/10/22

FARM ANIMAL HOSPITAL

PHONE **865-974-8387**

FAX **865-946-1786**

EMAIL **lacsclientservices@utk.edu**

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

Patient Name:		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

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	BVDV test _____ (Date)
_____	_____	_____	_____	_____	BLV test _____ (Date)
_____	_____	_____	_____	_____	Other _____ <small>e.g. Johne's Test, Anaplasmosis</small>

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

Animal Temperament: _____ (If animal has aggression please see Aggressive Animal Policy on reverse side of this form.)

Pertinent History: (Please fax or email a copy of medical history pertaining to admitting complaint. Please include deworming history and any herd test status.)

Pertinent Lab Results: (Please send a complete copy of results and reference intervals. Please include any fecal results or herd test status.)	No labs	Labs sent with client	Labs emailed	Labs faxed
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Current Medication/Treatment: (If complex/ongoing condition, please send medical records showing meds/treatment.)	Appointment Date:	
	Appointment Time: _____ AM PM	
	Estimate Given:	yes no \$

Referring Veterinarian:	Are you also the patient's primary veterinarian?	CLINICAL SERVICE: Farm Animal Medicine & Surgery Farm Animal Reproduction REFERRED TO: Cardiology Dermatology Herd Health Consult Internal Medicine Lameness Neurology Oncology Ophthalmology Reproductive Medicine Surgery Other _____
First _____ Last _____	Yes No	
Veterinary Clinic:		
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/about/contact-us or Call **865-974-8387**

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.