

UTCVM VETERINARY MEDICAL CENTER

REFERRAL FORM

*Incomplete Referral Forms
will not be accepted.*

2407 River Drive
Knoxville, Tennessee, 37996-4546

VMRR03A_ReferralForm | UPDATED 04/19/21

**SMALL ANIMAL HOSPITAL
AVIAN & EXOTIC ANIMAL HOSPITAL**

PHONE **865-974-8387**
FAX **865-974-0174**
EMAIL **utvetref@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:	DICOM images sent digitally via PACS or email are preferred. Please include client and patient name as well as date images were taken. Email utvetref@utk.edu to send imaging, ask for assistance, or get set up to send directly to our PACS.			
	No images	Sent w/client	Direct PACS share	Email

Vaccination Status: Canine DA2PP _____ Date Given Feline FVRCP _____ Date Given Rabies 1 yr 3 yr _____ Date Given Other _____ Date Given

Medical reason precluding rabies vaccination (if any): _____

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)

Pertinent Lab Results: (Please send a complete copy of results and reference intervals from any lab, including UT, to ensure proper patient identification)

No labs Labs sent with client
Labs emailed Labs faxed

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:	CLINICAL SERVICE: Small Animal Avian & Exotic Animal REFERRED TO: Cardiology Dermatology Dentistry/Oral Surgery Neurology Internal Medicine Medical Oncology Ophthalmology Physical Rehabilitation / C.A.R.E.S. Radiation Oncology Surgery – Orthopedic Surgery – Soft Tissue Other _____ <i>Note: Multiple service referrals may not be able to be accommodated on the same visit.</i>
First _____ Last _____	
Veterinary Clinic:	
Address:	
Address 2:	
City: _____ State: _____ Zip Code: _____	
Phone:	
E-Mail:	
Fax:	
Primary Veterinarian:	
Primary Veterinarian Phone: _____	Same as Referring Veterinarian

**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 UTCVM Veterinary Medical Center
Visit vetmed.tennessee.edu/home/Pages/Contact-UTCVM.aspx 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 SMALL 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 is extremely stressful and potentially harmful to these animals. Thus, it was necessary that this policy be instituted.

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. The clinician in charge of the service admitting the animal is responsible for examination, diagnostic procedures and treatment of any unmanageable animal.
3. Any dog which has had attack training or other similar training or is a known aggressive animal, will be required to be muzzled before entering the hospital (Basket muzzle recommended).
4. If a referring veterinarian refuses to see an aggressive animal, the UTCVM is under no obligation to accept the referral and may refuse admittance.
5. If the house officer on duty is unsure about an animal's disposition, the senior clinician on duty or backup clinician shall make the decision regarding hospital admittance.
6. 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.
7. If a known aggressive animal is admitted (discretion of the senior clinician), the owner must sign the statement of liability regarding their animal.
8. If an aggressive, unmanageable animal is admitted, the animal will wear a red collar and the chart and cage will display a "will bite" sticker. This is to alert all students, staff and doctors of potential problem animals.
9. Any incident of aggressive behavior will be recorded in the animal's record and the owner informed.
10. 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.