

**Referral History
and Request Form****MISSISSIPPI STATE UNIVERSITY™**
ANIMAL EMERGENCY & REFERRAL CENTER

Referring Veterinarian Name	Animal Name/Number			
Clinic	Species	Breed	Sex	Age/DOB
Address: City State Zip	Owner			
Phone Number	Fax Number	Address: City	State	Zip
Email Address	Home Phone		Cell Phone	

Referred to:

- Small Animal Orthopedic Surgery
- Small Animal Rehabilitation and Integrative Medicine
- Emergency and Critical Care
- Advanced Imaging
- Dermatology
- Ophthalmology

Reason for Referral: _____

Chronological History: (Attach additional sheets if needed.) _____

Current Treatment: (Attach additional sheets if needed. Please attach any pertinent laboratory data or radiographs, etc.)

The faculty and staff of the Animal Emergency and Referral Center recognize that the basis for referral level medical care and communication begins with the information you provide.

Appointments are necessary. Every attempt will be made to make your client welcome. A deposit of 50% of the estimate is due upon admission with the balance payable at the time of discharge. Payment by cash, check, VISA, MasterCard, Discover Card, American Express or Care Credit is accepted.