

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.

Please email to aerc@cvm.msstate.edu