



**VETERINARY MEDICINE
& BIOMEDICAL SCIENCES**

Small Animal Dermatology Referral
Veterinary Medical Teaching Hospital
Small Animal Clinic
979-845-2351
979-862-1039 • 979-845-9077 fax
<http://vetmed.tamu.edu/services/dermatology>

Please have your client or a practice representative call to schedule an appointment before faxing information.

Owner

Name (First/Last): _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Patient

Name: _____ Sex _____ Species (neuter status) _____ Breed: _____

Age (years): _____ Color: _____

Please provide us with requested pertinent information below that may not be readily identified in the medical record.

Past Medical History

Vaccinations/rabies, heartworm, FeLV/FIV status, etc. (most current): _____

Past illness/disease and/or surgeries: _____

Adverse reactions to drugs/vaccines _____

Current Medical History

What is the reason(s) for referral? _____

Is the animal pruritic? _____ Duration of problem(s): _____

Tentative diagnosis? _____

Treatment progression and trials for referred problem(s). Include *recent* drugs (date, dosage, and duration) and any identified response.

Current medications including those *not* for referred problem. _____

Other pertinent information, remarks, or requests. _____

Primary Veterinarian- *I have informed the client that TAMU does charge for services and that these charges are due in full at discharge.*

Name: _____ Phone: _____ Fax: _____

Mailing Address: _____

Email Address (optional): _____

Please fax (attn: Dermatology) all pertinent medical records and lab work (bloodwork, skin/ear culture, skin biopsy, IgE serology, etc.). We do not have easy access to tests submitted to TVMDL. Thank you for entrusting us with your patient!