JAMES L. VOSS
VETERINARY TEACHING HOSPITAL
COLORADO STATE UNIVERSITY

Appointment Line: (970) 297-5000
Fax: (970) 297-1205
Email: VTH_Referral@colostate.edu

Contact Information

Please complete this form, save it, and email it to the address above.

Date

Have you called the VTH about this referral? ☐ Yes ☐ No

Patient Name

Owner Name

rDVM Name

Clinic/Hospital Name

rDVM Clinical/Hospital Phone Number

Requested Service

☐ Cardiology	☐ Internal Medicine	☐ Oncology	☐ General Surgery
☐ Dentistry	☐ Neurology	☐ Ophthalmology	☐ Dermatology
☐ Nuclear Medicine	☐ Orthopedic Surgery	☐ Emergency Care	☐ Equine Medicine
☐ Equine Surgery	☐ Equine Field	☐ Avian/Exotic/Zoological Medicine	
☐ Livestock	☐ Livestock Field	☐ Other	

Primary Complaint/Reason for Referral

Owner/Referring DVM's Expectations for this Case

Other Diagnostic or Important Information We Should Know

This Appointment Is ☐ Urgent* ☐ Soonest Appointment ☐ As Available

*initial appointment may be with Urgent Care until there is availability with a specialty service