

WSU Veterinary Teaching Hospital Reference Information

Case # _____

Date Entered _____ By _____

Owner's Information

 Dr. Mr. Mrs. Ms.

Name: _____

Last

First

Middle

Address1: _____

City: _____ State: _____ ZIP: _____

Phone: Home () _____ Work () _____

Cellular () _____ Alt () _____

Email Address: _____

Other Responsible Party

Relationship: Spouse Trainer Guardian Other _____ Dr. Mr. Mrs. Ms.

Name: _____

Last

First

Middle

Address: _____

City: _____ State: _____ ZIP: _____

Phone: Home () _____ Work () _____

Referral (if applicable)

Doctor Name: _____ Vet Clinic: _____

Phone: () _____ City/State: _____

_____ I **authorize release** of records of care, including medical charts, medical images, test results, letters, and other documents to the referring veterinarian/clinic/hospital/owner/other.

Animal Information

Name: _____ Breed: _____ Species: _____

Color: _____ Weight: _____

Sex (Circle One): Male / Female / Unknown Neutered (Circle One): Yes / No / Unknown

Birth Date (Estimate if Unknown): _____ / _____ / _____

Payment in full is due at time of service

Signature: _____ Date: _____

Mark One: Owner Agent of Owner Other _____