



Companion Animal Referral Form

Columbus

P: 614-292-3551 F: 614-292-1454

601 Vernon Tharp Street

Columbus, OH 43210

vet.osu.edu/vmc

Dublin

P: 614-889-8070 F: 614-889-8069

5020 Bradenton Avenue

Dublin, OH 43017

vet.osu.edu/vmc-dublin

Ohio State Veterinary Medical Center - **Columbus**

Ohio State Veterinary Medical Center - **Dublin**

| | |
|---|--|
| <input type="checkbox"/> Behavioral Medicine | <input type="checkbox"/> Ophthalmology |
| <input type="checkbox"/> Cardiology/Interventional Medicine | <input type="checkbox"/> Physical Rehabilitation |
| <input type="checkbox"/> Dermatology/Otology | <input type="checkbox"/> Radiation Oncology |
| <input type="checkbox"/> Emergency/Critical Care | <input type="checkbox"/> Reproductive Medicine |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Surgery – General |
| <input type="checkbox"/> Neurology/Neurosurgery | <input type="checkbox"/> Surgery – Orthopedic |
| <input type="checkbox"/> Oncology/Hematology | |

| | |
|------------------------------------|---|
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Surgery – Orthopedic |
|------------------------------------|---|

Client Name: _____

Client Phone Number: _____

Pet Name: _____ Species: _____ Breed: _____

DOB: _____ Color(s): _____ Sex: M MC F FS

Current on Vaccines: YES NO Date of last rabies vaccination: _____

Diagnostics: Not Performed Faxed Sent with Owner

X-Rays: Analog/CD Sent with Owner Sent To Digital Server (See Below)

Digital Images: Send To: **AE** Title: **CVMDICOM** Host name: **140.254.66.216** Port: **104**

Patient ID: _____ Date Of Study: _____

Referring Veterinarian: _____

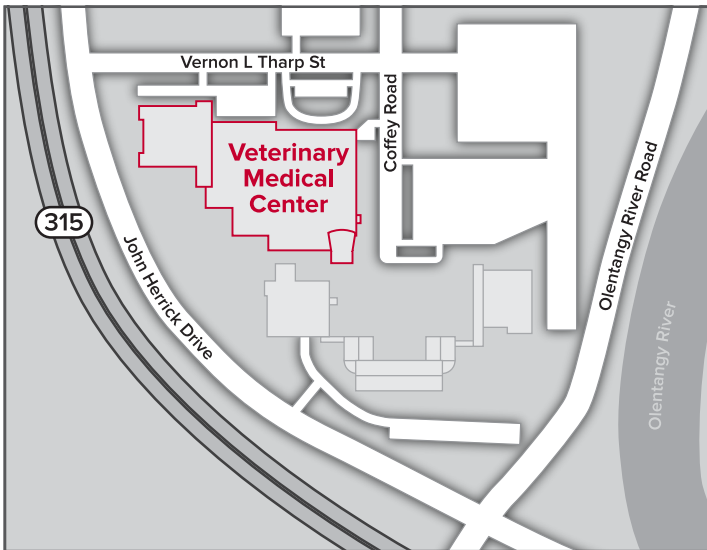
Clinic Name: _____

Clinic Address: _____ City/State/Zip: _____

Clinic Phone: _____ Clinic Fax: _____

Referring Veterinarian Phone: _____ Email: _____

Current medical problems. Use additional pages if needed. Please include medical record.



Ohio State Veterinary Medical Center - Columbus

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601 Vernon Tharp Street Columbus, OH 43210

From the North

- Drive south on State Route 315
- Exit at Lane Ave. (sign reads - Lane Ave, Ohio State Univ, Upper Arlington)
- At the end of the ramp, turn left (east) on W. Lane Ave. and go under 315
- Turn right (south) at the light onto Fyffe Rd.
- Turn left (east) onto Woody Hayes Dr.
- Turn right (south) onto Coffey Rd.
- Turn right (west) onto Vernon L. Tharp St.

From the South

- Drive north on State Route 315
- Exit at Lane Ave. (the sign reads - Lane Ave, Upper Arlington, Ohio State Univ.)
- At the end of the ramp, Turn right (east) on W. Lane Ave.
- Turn right (south) at the light onto Fyffe Rd.
- Turn left (east) onto Woody Hayes Dr.
- Turn right (south) onto Coffey Rd.
- Turn right (west) onto Vernon L. Tharp St.



Ohio State Veterinary Medical Center - Dublin

P: 614-889-8070 F: 614-889-8069

5020 Bradenton Avenue Dublin, OH 43017

From the North

- Drive west on I-270 W toward Exit 17B
- Take exit 17A to merge onto OH-161 E/US-33 E toward Dublin
- Turn right (south) onto Frantz Rd.
- Turn right (west) onto Bradenton Ave.
- The Veterinary Medical Center-Dublin will be on the right

From the South

- Drive north on I-270 N toward Exit 15
- Take exit 15 for Tuttle Crossing Blvd.
- Turn right (east) onto Tuttle Crossing Blvd.
- Turn left (north) onto Bradenton Ave.
- The Veterinary Medical Center-Dublin will be on the left