



Veterinary Specialty Center

Affiliate of Mississippi State University College of Veterinary Medicine

1207 Highway 182 West, Suite D

Starkville, MS 39759

Phone 662-325-7339

Fax 662-325-3436

Referral Form

Date of Referral _____ Referral for: Neurology Ophthalmology
Referring Veterinarian _____ Hospital/Clinic _____
Address _____ City/State/Zip _____
Phone(s) _____ Fax _____
Patient Name _____ Canine Feline Other _____
Breed _____ Color _____ M MN F FS
Age/DOB _____ Weight _____ Allergies _____
Owner(s) _____ Phone(s) _____
Address _____ City/State/Zip _____
Reason for Referral _____

Chronological History (Attach additional sheets if needed) _____

Current Treatment (Attach additional sheets if needed. Please attach any pertinent laboratory data, medical records, etc.) _____

Please fax this Referral Form, along with relevant Medical Records, Lab Work, and Vaccination Status, to:
Fax 662-325-3436.

Please call 662-325-7339 to confirm receipt of your referral.

Please do not hesitate to contact us if we can provide assistance or service at any time.

Thank you for the Referral!