

Cardiology Consult Referral Form

Referring Veterinarian: _____

Practice Name: _____

Phone: _____ Fax: _____

Email: _____

What method of contact do you prefer? _____

Would you like a phone call to discuss the results of this
consultation? Yes _____ No _____

Please remember to
provide the following
information:

Medical Records

Radiographs

Recent Lab Work

ECGs

Client & Patient Information

Client Name: _____

Phone: _____ Email: _____

Patient Name: _____ Age: _____ Sex: _____

Species: _____ Breed: _____ Wt: _____

History/Clinical Signs: _____

Diagnostics performed: _____

Treatments: _____

Please list all current medications: _____

We believe that the primary care veterinarian is the “key-stone” to effective patient care, and we ensure that they remain central to the treatment plan. Our consults always include an echocardiogram, blood pressure, electrocardiogram and full cardiac physical exam. All diagnostic tests and treatment plans are performed by an ACVIM board-certified veterinary cardiologist.

Thank you for trusting us with your patients. If at anytime you have questions or concerns please do not hesitate to contact us.

We look forward to working with you!