
CARDIOLOGY CONSULTATION REQUEST FORM

Please FAX to **866-627-0388** prior to your client's appointment. Thank you!

REFERRING VETERINARIAN: _____ CLIENT: _____
PRACTICE: _____ PATIENT: _____
PHONE: _____ SPECIES: _____ AGE: _____
BREED: _____ GENDER: _____

REASON FOR REFERRAL / SPECIFIC CONCERNS OR QUESTIONS _____

HISTORY AND CLINICAL SIGNS _____

MEDICATIONS (please include tablet sizes, liquid concentrations, current dosage regimen, and response to therapy for ALL medications) _____

DIFFERENTIAL DIAGNOSES / YOUR THOUGHTS ON THIS CASE _____

Please include a copy of current or relevant CBC, chemistry profile, and urinalysis results with your referral as well as thoracic radiographs and any other pertinent information. Send hard copy radiographs and digital CDs with your client or include instructions for accessing digital radiographs online. It may be necessary for VVCS to repeat radiographs and laboratory tests at the appointment if not available from your office or if results are out of date.

We will phone with results of our examination as soon as practical. Please indicate your preference for receiving final cardiology reports and provide contact information below.

FAX: (NUMBER) _____
E-MAIL: (ADDRESS) _____
US MAIL: (ADDRESS) _____

APPOINTMENTS AT:
ESSEX VETERINARY CENTER
4 OLIVER WIGHT DRIVE
ESSEX, VT 05452
(802) 879-1399 PHONE
(802) 879-4207 FAX

APPOINTMENTS AT:
COUNTRY ANIMAL HOSPITAL
1533 VT ROUTE 107
BETHEL, VT 05032
(802) 234-5999 PHONE
(802) 234-5325 FAX