



Cardiology Referral Form

Welcome to the Cardiology Service.

Please fax the completed form + additional information to (604) 473-4898 or send this PDF to the e-mail referrals@canadawestvets.com. Thank you for your referral!

DATE OF REFERRAL: _____ (Month/Day/Year)

REQUEST: NEXT AVAILABLE APPOINTMENT URGENT EMERGENCY

REFERRING VETERINARIAN INFORMATION

Referring Hospital: _____

Veterinarian: _____

Phone: Daytime: _____ After hours: _____

Fax: _____ E-mail: _____

CLIENT AND PATIENT INFORMATION

Client Name: (first) _____ (last) _____

Address: _____

Phone: (h) _____ (w) _____ (c) _____

E-mail: _____

Patient: _____ Have owner or pet been here before? Yes No Unknown

Species: _____ Breed: _____ Age: _____ Sex: F FS M MN

Estimated time of arrival if sending patient immediately: _____

PATIENT INFORMATION

1. Are the pet's vaccinations up to date? Yes No

2. Are there any temperament issues we should be advised of? _____

3. Are there any surgeries or dentistry's planned? Yes No If yes, when? _____

What procedure? _____

4. Do any of the pet's relatives have heart disease? Yes No If yes, what type? _____

5. Heartworm tested? Yes No If yes, when? _____

Results: _____ Preventative? Yes No

6. Reason for referral:

- New murmur Longstanding murmur Preanesthesia screen Respiratory problems
 Arrhythmia Syncope Other (please explain): _____

7. Diagnostics performed: (please send copies of all pertinent results and history)

	Date	Brief Summary of Results
Bloodwork:	_____	_____
ECG:	_____	_____
Radiographs:	_____	_____
Other:	_____	_____

8. Current medications: Dosage Frequency Start Date Last Dose Received

	Dosage	Frequency	Start Date	Last Dose Received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____