

Cardiology Referral Form



THE HEART VET

Cardiology Services for Animals

Date:

Dr. Eva M. Oxford, DVM, PhD, DACVIM (Cardiology)
Board Certified Veterinary Cardiologist

theheartvet@gmail.com
www.theheartvet.com

Patient Information (Can be filled out by assistant):		Hospital you are referring to (circle):
Patient Name:		<input type="checkbox"/> Briar Patch Veterinary Hospital <input type="checkbox"/> Elemental Pet Vets <input type="checkbox"/> Stack Veterinary Hospital (Velasko Rd)
Weight:		
Age:		
Breed:		
Client Name/ Phone		

Please send last 12 months records including radiographs and current blood work.

Referring Vet Name and Hospital Name:

Referring Hospital Phone number / Email address:

Reason for Referral (To be filled out by referring vet):

- | | |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> New Heart Murmur | <input type="checkbox"/> Collapse/Syncope |
| <input type="checkbox"/> Heart Murmur Worsening in Intensity | <input type="checkbox"/> Cough |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> It's complicated (Please describe): |

Current Medications (please include flea / tick / heartworm preventatives):

Do you require anesthesia recommendations for this patient?

- Yes No

Will the patient require sedation due to temperament?

If yes, please consider prescribing gabapentin and/or trazodone to give prior to the appointment.

- Yes No

Please fax or email to hospital you are referring to:

Briar Patch Vet Hospital:
F: 607-272-2875
E: info@briarpatchvet.com

Elemental Pet Vets:
F: 607-697-0443 fax
E: elementalphetvets@outlook.com

Stack Vet Hospital:
F: 315-478-2432
E: amanda@stackvet.com