



Cardiology Requisition Form

Please send this completed form, along with existing case files and x-rays to: info@evetmobile.com

General Information

Owner's Name:

Patient's Name:

Age:

Weight (in kg):

Sex: F/S M/N F M

Species: Canine Feline Breed :

Languages of choice	• Owner:	French	English
	• Report:	French	English

Verbal summary requested after ultrasound: Yes No

Is this a follow-up with an existing patient of ours? Yes No If yes, date of previous appt:

Was this case initiated at another clinic? Yes No If yes, which clinic:

Clinical signs

Asymptomatic Tachypnea/Dyspnea

Exercise intolerance Syncope/Collapse

Cough Thrombo-embolism

Cardiac medication (including dosage):

Auscultation Findings

Murmur

Grade & localisation:

Arrhythmia

Gallop

Abnormal lung sounds

Other:

Diet and other pertinent information:

(in the case of a complex file, please attach additional information to this form by email)

Chest radiographs taken recently

Anesthesia protocol needed

Test(s) requested: Echocardiography ECG Other(s):

Veterinary Clinic:

External case

Veterinarian in charge of patient:

Intended appointment visit:

A \$150 fee may be applied for no-shows or late cancellations. If needed, a deposit may be taken to avoid these fees.