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Cardiac Evaluation Request

Date: _____

Hospital name: _____ Hospital phone #: _____

Requesting Veterinarian: _____

Would you like the final report emailed to you? (Circle one): Yes No

If yes, what is your email address? _____

Patient Information:

Patient name ("first," last): _____ Patient ID#: _____

Current weight: _____ kg

Species: _____ Breed: _____ Age: _____ Sex (Circle one): MN / FS / MI / FI

Patient History:

Pertinent history and reason for evaluation: _____

Any known allergies/drug reactions? (Circle one): Yes No

If yes, please describe: _____

Current medications:

<u>Drug name</u>	<u>Tab/cap/liquid strength</u>	<u>Instructions</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

On heartworm preventative? (Circle one): Yes No

Date of most recent heartworm test: _____ Result (Circle all applicable): Ag- / Ag+ / Ab- / Ab+

Date of most recent echocardiogram: _____ or N/A

Date of most recent thoracic radiographs: _____ or N/A

Date of most recent ECG: _____ or N/A

Date of most recent blood pressure: _____ or N/A

Permission from owner to clip hair for echo? (Circle one): Yes No

Permission from owner to sedate* if necessary? (Circle one): Yes No

*Note- Sedation is rarely needed and so the patient should only be fasted on the morning of evaluation if the patient has a history of routinely needing sedation for examinations.