



CARDIOLOGY CONSULTATION REQUEST FORM

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

Please include your name and preference for delivery of final cardiology reports (e-mail is preferred). Practice name, phone, FAX, etc. required ONLY if you have NOT used our services previously.

REFERRING VETERINARIAN: _____ CLIENT: _____
PRACTICE: _____ PATIENT: _____
PHONE: _____ FAX: _____ SPECIES: _____ AGE: _____
E-MAIL: _____ 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VVCS to repeat radiographs and laboratory tests at the appointment if not available from your office or if results are out of date.

APPOINTMENTS AT:
PEAK VETERINARY REFERRAL CENTER
158 HURRICANE LANE
WILLISTON, VT 05495
(802) 878-2022 PHONE
(802) 878-1524 FAX



APPOINTMENTS AT:
VALLEY-CARES
391 NORTH MAIN STREET
WEST LEBANON, NH 03784
(603) 643-6333 PHONE
(603) 643-5326 FAX