

# Valley Veterinary Cardiology

## Cardiology Referral Form

Email: [info@valleyvetcardiology.com](mailto:info@valleyvetcardiology.com)

FAX: 480-383-6201

### REFERRING VETERINARIAN INFORMATION

Hospital Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Veterinarian: \_\_\_\_\_ FAX No: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

### PATIENT INFORMATION

Patient's Name: \_\_\_\_\_ SPECIES (Circle): \_\_\_\_\_ DOG \_\_\_\_\_ CAT \_\_\_\_\_ OTHER \_\_\_\_\_  
Client's Name: \_\_\_\_\_ GENDER (Circle): \_\_\_\_\_ M \_\_\_\_\_ MN \_\_\_\_\_ F \_\_\_\_\_ FS \_\_\_\_\_  
Phone No / Email: \_\_\_\_\_ BREED: \_\_\_\_\_  
Patient's Weight: \_\_\_\_\_ (Lbs. or Kg.) AGE: \_\_\_\_\_

### WHY IS YOUR PATIENT BEING REFERRED?

CARDIOLOGY  
REASON  
(Circle if Apply)

MURMUR

COUGH

ARRHYTHMIA

SYNCOPE

IMPORTANT  
COMORBIDITIES:

ADDITIONAL INFO:

### ANY DIAGNOSTICS ALREADY PERFORMED?

BLOOD WORK? YES NO SENT WITH OWNER SENT SEPARATELY  
RADIOGRAPHS? YES NO SENT WITH OWNER SENT SEPARATELY

**FOR APPTS: CALL 480-828-0109**

**[info@valleyvetcardiology.com](mailto:info@valleyvetcardiology.com)**