

# Cardiology Referral Form



THE HEART VET  
Cardiology Services for Animals

Date:

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

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**Patient Information (Can be filled out by assistant):**

Patient Name:

Client Name:

Weight:

Client Address:

Age:

Client Phone:

Breed:

Client Email:

Date of Rabies Vaccination: 1 yr/3 yr (circle one)

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

Referring Vet Name and Hospital Name:

Referring Hospital Phone number / Email address:

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**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:**

Briar Patch Vet Hospital:

Fax: 607-272-2875    Email: [info@briarpatchvet.com](mailto:info@briarpatchvet.com)