VETERINARY
EMERGENCY
CLINIC

Veterinary Emergency Clinic / Referral Centre
920 Yonge St. Suite 117, Toronto ON M4W 3C7
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E-Mail to: info@vectoronto.com
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REQUEST FOR CARDIOLOGY REFERRAL

Regan Williams, DVM, Diplomate ACVIM (Cardiology)

Referring Veterinarian: _____ **Date:** _____

Referring Clinic: _____

Clinic Phone Number: _____**Clinic Fax Number:** _____

Client Name: _____ **Client Phone Number:** _____

Pet's Name: _____**Breed:** _____**Age:**_____**Sex: M** ◯ **F** ◯

Presenting Complaint:

_____
_____

Synopsis of the patient medical history:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Current Medications: _____

Laboratory Data Included: **Yes** ◯ **No** ◯

Radiographs Included **Yes** ◯ **No** ◯

SPECIAL INSTRUCTIONS

1. Patients should be fasted the day of appointment.
2. Despite fasting, patients should receive all medications they are on the day of appointment.
3. Please have clients bring any and all medications to appointment.