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REQUEST FOR CARDIOLOGY REFERRAL

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Referring Veterinarian: _____ Date: _____

Referring Clinic: _____ Clinic Phone: _____

Client Name: _____ Client Email: _____

Client Phone: _____ Patient Name: _____

Breed: _____ Age: _____ Sex: M F Caution: Y N Maybe

Reason(s) for referral:

Pre-anesthetic Murmur Arrhythmia Abnormal thoracic imaging

Other: _____

Cardiac history and symptoms, if any (time-frame, response to medications if any):

CARDIAC medications (original dose):

Name	Original Dose	Pill Strength	Route	Freq.	Start Date	Ongoing OR Stop Date
_____	___ mg	___ mg/(mL)	_____	q ___ h	_____	_____
_____	___ mg	___ mg/(mL)	_____	q ___ h	_____	_____
_____	___ mg	___ mg/(mL)	_____	q ___ h	_____	_____

Relevant imaging (please label each file with date performed):

Test	Date	Performed by	Findings
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Relevant blood work:

Test	Date	Findings
_____	_____	_____
_____	_____	_____

Oral sedative: No Yes: Gabapentin _____mg Trazodone _____mg

****For anxious or stressed animals, we strongly recommend pre-appointment prescriptions – rarely contraindicated even in unknown cardiac disease - call if concerned****

CATS: Gabapentin	DOGS: Trazodone
Give 1-2 hours before entering the carrier on the day of appt. <4kg: 50 mg total dose >4kg: 100 mg total dose	Give the night before and 2-3 hours before appt. 7-10 mg/kg depending on anxiety level (add gabapentin 5-10 mg/kg if trazadone alone is insufficient)

NON-cardiac concerns:

Current NON-cardiac medications:

Name	Original Dose	Pill Strength	Route	Freq.	Start Date	Ongoing OR Stop Date
_____	___ mg	___ mg/(mL)	_____	q ___ h	_____	_____
_____	___ mg	___ mg/(mL)	_____	q ___ h	_____	_____
_____	___ mg	___ mg/(mL)	_____	q ___ h	_____	_____

Email form to: info@vectoronto.com