



**VETERINARY  
EMERGENCY  
CLINIC**

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## REQUEST FOR CARDIOLOGY REFERRAL

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Referring Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Clinic: \_\_\_\_\_ Clinic Phone: \_\_\_\_\_

Client Name: \_\_\_\_\_ Client Email: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Client Phone: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Caution: No  Maybe/Yes/Anxious  → Gabapentin \_\_\_\_\_ mg and/or Trazodone \_\_\_\_\_ mg

**\*\*We require pre-appointment sedation be given by clients.\*\***

**Exceptions include bradyarrhythmias, prior adverse reactions, or dull mentation. Contact us if concerned.**

### CATS: Gabapentin

### DOGS: Trazodone

Give 1-2 hours by mouth before placement in carrier.

<4kg: 50 - 100 mg total dose

>4kg: 100 - 200 mg total dose

**\*Exotic breed: consider trazodone 25-50mg instead**

Give 2-3 hours by mouth before appt.

7-10g/kg

**\*Add gabapentin 5-10 mg/kg if trazodone alone is insufficient**

Reason(s) for referral: Murmur  Arrhythmia  Abnormal thoracic imaging  +/- Anticipating anesthesia

Other: \_\_\_\_\_

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

### CARDIAC medications:

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

### Relevant imaging (LABEL EACH FILE with DATE performed):

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

### Relevant blood work:

Test	Date	Findings
_____	_____	_____
_____	_____	_____

### NON-cardiac concerns:

### Current NON-cardiac medications:

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

# IMPORTANT CARDIOLOGY DEPARTMENT REFERRAL INFO/REQUIREMENTS

## 1) PRE-APPOINTMENT SEDATION:

**ALL patients** should receive pre-appointment oral sedation with gabapentin and/or trazodone. *Exceptions include bradyarrhythmias, prior adverse reactions (consider an alternative), and extremely relaxed and friendly animals (Fear Anxiety Stress score 0), or those with dull mentation.*

## 2) MEDICAL DOCUMENTS REQUIRED PRIOR TO SCHEDULING:

**BEFORE** an appointment can be scheduled for you client, **ALL medical documents** must be received by [info@vectoronto.com](mailto:info@vectoronto.com)

### Medical Records Required:

- **Referral form**; available at <https://vectoronto.com/referring-vets/referral-forms/> or upon request via [info@vectoronto.com](mailto:info@vectoronto.com)
- **Up to date medical record** (appointments, emails, image interpretations, etc)
- **X-rays**: DICOM or JPEG, dated (undated images cannot be accepted)
- **Echocardiograms**: original reports with measurements
- **Bloodwork, Urine, etc** from the last two years (or longer if relevant)