

VETERINARY EMERGENCY CLINIC

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REQUEST FOR CARDIOLOGY REFERRAL

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****We require pre-appointment oral sedation be given by clients.****
Exceptions include bradyarrhythmias, prior adverse reactions, or dull mentation. Contact us if concerned.

CATS: Gabapentin or trazodone	DOGS: Trazodone
Give 2 hours by mouth before leaving home for appt. <4kg: 50 - 100 mg starting dose >4kg: 100 - 200 mg starting dose <i>*Exotic breed: consider trazodone instead (37.5 - 50mg per cat)</i>	Give 2 hours by mouth before leaving home for appt. 7-10 mg/kg <i>*Add gabapentin 5-10 mg/kg if trazodone alone is insufficient</i>

Oral sedative: Gabapentin _____ mg Trazodone _____ mg None (A listed exception OR discussed directly with VEC Cardio)

Referring Veterinarian: _____ Date: _____

Referring Clinic: _____ Clinic Phone: _____

Client Name: _____ Client Email: _____

Patient Name: _____ Client Phone: _____

Breed: _____ Age: _____ Sex: M F Fixed: Y N

Caution: No Maybe Yes Anxious

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	Size/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	Performing clinic	Findings
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

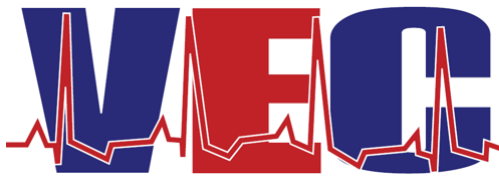
Relevant blood work:

Test	Date	Performing clinic	Findings
_____	_____	_____	_____
_____	_____	_____	_____

NON-cardiac concerns:

Current NON-cardiac medications:

Name	Original Dose	Size/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	_____	_____



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IMPORTANT CARDIOLOGY DEPARTMENT REFERRAL INFO/REQUIREMENTS

1) PRE-APPOINTMENT SEDATION:

ALL patients should receive **pre-appointment oral sedation** with gabapentin and/or trazodone.

We are more than happy to help with dosing → cardio@vectoronto.com.

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

Medical Records Required:

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